HEALTH AND SOCIAL SERVICES

1. OVERVIEW

STRUCTURE OF THE SYSTEM

The Department of Health and Social Services (HSS) works under the direction of the Minister and Deputy Minister in partnership with the Regional Health and Social Services Authorities (Authorities) to plan, develop, evaluate and report on program and service delivery that supports the health and well-being of people across the NWT. The Department's major responsibilities include: securing funding, developing legislation, setting policies and standards, monitoring and evaluation and strategic planning. In addition to providing strategic direction, leadership and standards, the Department is also responsible for some front-line service delivery in areas such as adoptions, population health and services related to homelessness and southern placements.

The Authorities are the operational arm of the system and are responsible for the provision of quality, timely access to appropriate health and social services that best meet the needs of those individuals they serve. There are eight Authorities in the NWT, as listed below:

- Dehcho Health and Social Services Authority
- Tlicho Community Services Agency
- Fort Smith Health and Social Services Authority
- Hay River Health and Social Services Authority
- Beaufort Delta Health and Social Services Authority
- Sahtu Health and Social Services Authority
- Yellowknife Health and Social Services Authority
- Stanton Territorial Health Authority

Joint Leadership Council

The Joint Leadership Council (JLC) includes the Minister, Deputy Minister and the Chairs of each Authority. The JLC provides a forum for shared leadership and decision-making, meeting on a regular basis to set priorities and provide oversight on the delivery of programs and services.

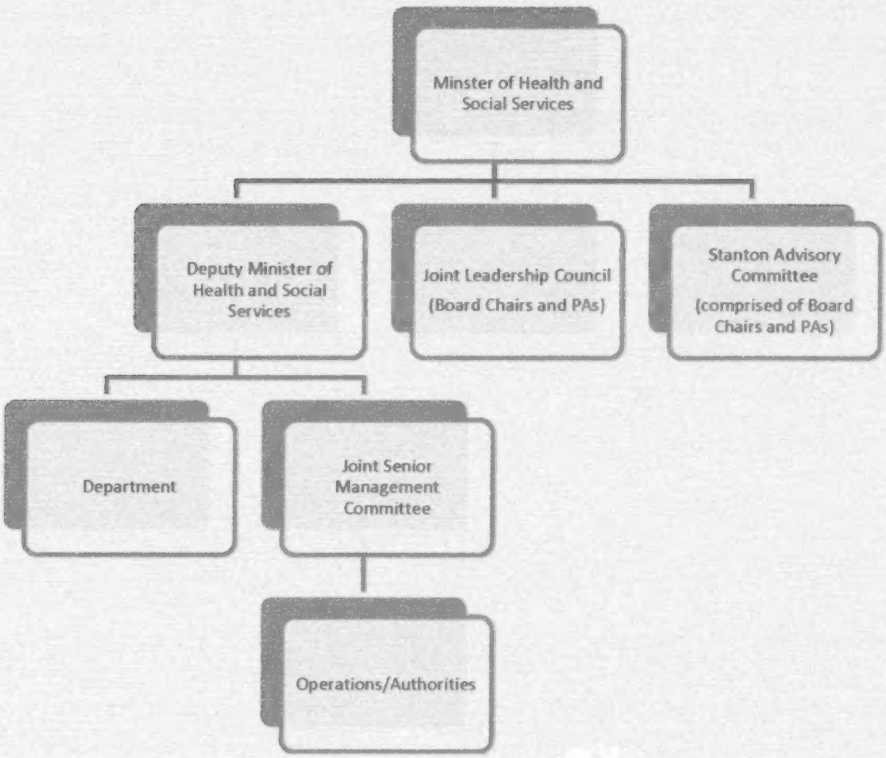
Joint Senior Management Committee

The Joint Senior Management Committee (JSMC) includes the CEOs of each Authority and senior managers of the Department, who provide leadership and direction with respect to the operations of the overall system. JSMC ensures a cooperative and collaborative approach to management of health and social services throughout the NWT.

These shared forums ensure that the NWT Health and Social Services system operates as a territorial-system, with regional and local service delivery. The Department's business plan sets out our strategic direction, guides the system's operational plans and serves as a road map to direct where we are going and how we will get there. As outlined in *a Foundation for Change*, the health and social services system is guided by three overarching goals: wellness, accessibility and sustainability. The Department works in partnership with the Authorities, other government

departments, southern jurisdictions, and non-governmental organizations in achieving these goals.

Organizational Structure


Minster of Health and Social Services
Deputy Minister of Health and Social Services
Joint Leadership Council (Board Chairs and PAs)
Stanton Advisory Committee (comprised of Board Chairs and PAs)
Department
Joint Senior Management Committee
Operations/Authorities

MISSION

To promote, protect and provide for the health and wellbeing of the people of the Northwest Territories.

GOALS

The Goals of the NWT Health and Social Services system, as outlined in A Foundation for Change, are:

- Wellness - Communities, families and individuals make healthy choices and are protected from disease
- Accessibility – Dependable, timely access to quality health and social services
- Sustainability – Resources are used effectively and innovatively to ensure the health and social services system will be sustained for future generations

PROPOSED BUDGET ($000)

Total Operating Expenses	$339,196
Compensation & Benefits	$15,512
Grants & Contributions	$239,193
Other O&M	$72,623
Amortization	$11,868
Infrastructure Investment	$15,791

PROPOSED POSITIONS

Headquarters (HQ)	140 positions
Regional/Other Communities	1,272 positions

KEY ACTIVITIES

Funding for the Department is structured under the following key activities:

- Directorate
- Program Delivery Support
- Health Services Programs
- Supplementary Health Programs
- Community Health Programs

STRATEGIC INITIATIVES

Included in the proposed budget of $339 million the NWT health and social services system will receive new strategic initiatives funding of $2 million for the 2011/12 fiscal year, to undertake the following actions in support of the government's strategic initiatives:

Building Our Future

- Expand Programming for Children and Youth
  - In House Respite Services for families of special needs children/caregiver support and training
- Encourage Healthy Choices and Address Addictions
  - Healthy Choices Framework
  - Addictions Related to Aftercare
  - HPV Vaccination Program
- Implement Phase II of the Framework for Action on Family Violence
  - Enhance Community Services
  - Stabilize Existing Shelters
- Strengthen Continuum of Care for Seniors
  - Expanded Hours of Home Care
  - Supported and Assisted Living in Smaller Communities
  - Single Point of Entry for Continuing Care
  - Dementia Centre Operational Costs
- Increase Safety and Security
  - Enhancing Emergency Services

Managing this Land

- Protect Territorial Water
  - Develop and Implement NWT Water Strategy – Training and Education

Refocusing Government

- Strengthen Service Delivery
  - Electronic Health, Medical Records and Diagnostic Imaging
  - Official Languages Implementation – French
  - Stabilizing Health Administration Systems
  - Consolidated Health Clinics in Yellowknife

2. EMERGING ISSUES

The NWT health and social services system is challenged by a constant demand for more and better services and a services delivery model, as it currently exists, that is not sustainable. The current service delivery model, relatively unchanged since the transfer from Health Canada in 1988, is not structured to meet the current strategic challenges of the system - challenges such as: the national shortage of health and social service professionals, an aging workforce, aging infrastructure, along with a high burden of cost related to living and doing business in the north. If left unchanged, the current service delivery system is at risk of failing, as it will no longer be able meet strategic challenges and provide safe quality care to the residents of the NWT, exposing the government to significant liability and risk.

Major drivers of the increasing demand are: an aging population with high incidence of chronic disease, high incidence of social and mental health and addictions issues, disparities in overall health status of our population relative to the rest of Canada, as well as advances in technology and pharmaceuticals driving demand for new costly procedures and treatments.

The health and social services system will need to find cost effective, efficient and innovative ways to deliver services. In order meet the strategic challenges, significant transformational change to the system is required. The changes we need to make to the system will not be easy; however, change is necessary to ensure we can meet the needs of our residents now and in the future.

High Incidence of Chronic Disease

Chronic diseases are prolonged conditions such as diabetes, mental health, cancer, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis and asthma. Not only is the incidence of chronic disease increasing in Canada, chronic diseases are also being diagnosed in a much younger population than it has been in the past. This will significantly increase the costs associated with pharmaceuticals, treatment and care. Approximately 42 percent of all in-patient admissions to NWT hospitals are related to chronic illness and account for 49 percent of all bed-days.[1] The direct and indirect cost of chronic disease is by far the single largest expense in healthcare. We will need to ensure consistent prevention messaging to reduce the incidence of chronic disease in the future. In order to effectively reduce health care expenditures associated with the treatment and management of chronic disease we will need to utilize technology and innovation to support self-care, community supports as well as clinic-based management.

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[1] Canadian Institute for Health Information and HSS *Discharge Abstract Database*.

Aging Population

Seniors have the highest cost per capita for health care – the CIHI estimate for 2007 was $22,588 for people age 60 and over - almost 5 times the amount per person for people under age 60. Seniors are also more likely to be hospitalized when compared to the non-senior population. Seniors in the NWT are even more likely to be hospitalized: in 2008/09, over 18 percent of the NWT population, age 60 & over, were hospitalized at least once in the year, compared to 13 percent nationally (2007/08).[2]

Seniors are the fastest growing age group in the NWT. Currently there are approximately 3,828 seniors in the NWT. By 2019, the number of seniors is expected to increase to 6,778. Our aging population will increase demand for services as the need for health care increases significantly with age. This will result in pressure on services such as: acute care, physician services, pharmaceuticals and extended health care, as well as long term care, and home and community care.

Mental Health & Addictions

Social issues such as poverty, homelessness, loss of traditional lifestyle and culture are contributing factors, resulting in a high incidence of mental health and addictions issues.

Individuals suffering with long term mental health and addictions issues are more likely to experience related health conditions requiring costly medical treatment and care. In addition to driving health care costs, individuals suffering with mental health and addictions place additional burden on services such as: law enforcement, courts, corrections, income support, social services and housing.

High incidence of mental health and addictions continue to be a problem in the NWT. Rates of substance abuse, family violence, suicide and trauma are higher in the NWT than national averages and it is believed that there are a significant number of individuals in the NWT that suffer with mental health and addictions issues, but go undiagnosed. Increases in the rate of addictions, increased complexity and concurrent disorders will result in more complex health issues, placing pressure on the health care system and driving demand for service. From 2006 to 2009 there were 1531 hospitalizations for NWT residents where the main reason was a mental or behavioral disorder. Of these, more than 60 percent were for alcohol and/or drug related problems.[3]

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[2] Canadian Institute for Health Information and HSS *Discharge Abstract Database.*

[3] Canadian Institute for Health Information and HSS *Discharge Abstract Database.*

The GNWT will be challenged to meet the growing demand for a broad range of services from the need for prevention and awareness up to and including the need for psychiatric services and placements, for extreme mental disorders. As demand on the system continues to grow, the Department will need to work with the Authorities, service delivery partners and communities to develop a continuum of care and supports that will balance the need for client-centered services reflective of cultural and community values, with consistent standards and best practices.

Demand for Services to Families and Children

High incidence of mental health and addictions issues, along with compounding social issues such as poverty, inadequate housing, two in/two out shift rotations and the related impact on family and lifestyle are all significant drivers of demand for child and family services.

Consistent with national trends, we are seeing an increase in the number of children receiving services in the NWT and the percentage of children staying in care longer is rising. We are also experiencing an increase in the complexity of cases – where we are dealing with multiple issues in one family. This increased demand for services is further complicated by a national shortage of qualified social workers, and an inability to recruit qualified foster parents that are able to provide culturally appropriate homes for children in care.

Parents are responsible for taking care of their children and making sure they are safe and healthy, however, there are times when families need support. In order to meet the needs of children and families, communities will need to develop community based plans to care for their children in a way that is culturally appropriate and provides for community based decision-making. The NWT health and social services system will need to provide support to communities in establishing Child and Family Service Committees. The establishment of these committees will ensure that care plans reflect community values and that every effort is made to keep children safe in their home communities. Consideration will need to be given to less intrusive ways of intervening such as mediation rather than using the courts. We will also need to focus on early intervention work with parents to prevent child protection concerns from arising.

Demand for Home and Community Care

In Canada, home care recipients have increased by almost 100 per cent between 1995 and 2006.[4] Some of the drivers for this demand are: individual preference to receive care at home; an aging population with increasing rates of chronic disease; current technologies able to support more care at home; and government's need to contain health care costs as home care is seen as part of the solution to such challenges as inappropriate use of costly hospital beds and a shortage of long term care beds.

[4] Canada Healthcare Association: *Homecare in Canada: From the Margins to the Mainstream* (2009).

Home care is often called "home and community care" as it encompasses a full array of services offered at home and in the community – by the community. It provides support to those who need help to remain in the home and those who care for them. Home care services differ according to the needs of the individual and include: medically oriented services, home support services, attendant and preventive care, all of which enable the individual to stay in their own home. Home and community care is a care option for acute or post acute patients, palliative patients, persons living with chronic conditions, frail elderly, those suffering from mental illness, and persons with disabilities and special needs. Services offered include: foot care, home intravenous therapy, home support, nursing, nutrition services, palliative care, rehabilitation and respite care.

The Department continues to experience increasing demand for home and community care services. Demand drivers on the system are a result of an increase in the level of patient acuity, a growing reliance on the sector resulting from an aging population, increasing rates of chronic disease, changing approaches to hospital care such as increased out-patient procedures and earlier discharge resulting in an increased need for follow-up care at home. The Department will need to work with Authorities', the NWT Housing Corporation and communities to ensure that communities and families are able to appropriately care for their loved ones, allowing them to live at home for as long as possible.

Health Status

Individuals, families, and communities all have a role to play in ensuring their overall health and wellbeing. The population health approach recognizes that demographic, economic, social and personal factors are all important determinants to health status and overall wellbeing.

While the health status of NWT residents has been improving there is still a disparity between the NWT and the rest of Canada and between the aboriginal and non-aboriginal populations. Relative to the rest of Canada, residents of the NWT engage in more high-risk behaviors and continue to have poorer health outcomes. Social and economic factors such as low income, poor housing conditions, and low educational achievements also contribute to the poorer health status of our population.

Data from the recent Canadian Community Health Survey (CCHS) conducted by Statistics Canada as well as the 2009 NWT Addiction Survey provide the following information:

- According to the 2009 NWT Addiction Survey, the prevalence of current smokers has dropped from 44 percent in 1996 to 36 percent in 2009. While the drop is significant, current smoking rates in the NWT remain above the Canadian average of 20 percent.
- Heavy, frequent drinking continues to be a major health concern in the NWT. The prevalence of heavy drinking is significantly higher than the rest of Canada as 31 percent of NWT

residents report having 5 or more drinks on one occasion at least once per month compared to 17 percent of Canadians.

- According to the 2009 NWT Addictions Survey, over half of Aboriginal people fifteen (15) years of age and over smoked cigarettes and engaged in hazardous/harmful drinking. Aboriginal residents are more than twice as likely as Non-Aboriginal residents to smoke and engage in harmful/hazardous drinking.
- Between 2007 and 2009, the TB rate in the NWT averaged 3.1 cases per 10,000 population per year – six times the national average of 0.5 cases (2008).
- In 2009, the STI rate in the NWT was 28.9 cases per 1,000 population - over 10 times the national rate at 2.8 cases per 1,000.
- Obesity and a sedentary lifestyle increase the risk of developing many chronic conditions. In 2009, around 27 percent of the NWT population aged 18 and over were considered obese, while 59 percent were considered physically inactive. The prevalence of obese adults in the NWT is higher than in the rest of Canada where 18 percent are considered obese and 48 percent physically inactive.
- The NWT also lags behind the rest of Canada in terms of eating healthy foods. Approximately 26 percent of people in the NWT eat the recommended 5 or more servings of fruit and vegetables compared to 46 percent in the rest of Canada.

A population with a poor health status will significantly drive demand for services. Consistent with the 16th Legislative Assembly's goal of: Healthy educated people with a focus on prevention by promoting healthy choices and lifestyles and the role of personal and family responsibility, the NWT health and social services system will need to ensure that individuals, families and communities are supported in making healthy choices. A strategic approach is needed to address the conditions that make people ill, injured, addicted and in need of services. The government will need to work together to address issues such as income, education, housing and food security that influence health and wellbeing. A broad government approach will not only improve the overall health status and quality of life of or our residents, it will also help to ensure the future sustainability of the NWT health care system.

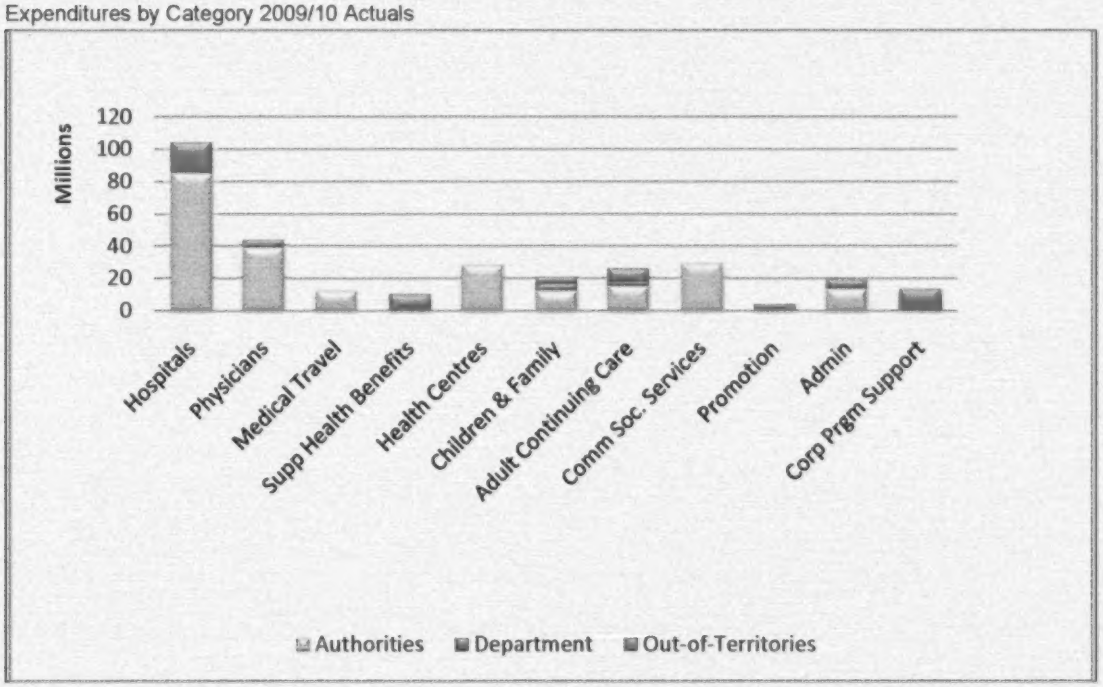
Operational Challenges

There is a significant cost to maintaining four hospitals, nineteen health centres and providing equitable access through a system-sponsored medical travel program. The NWT health system is reliant on southern jurisdictions for tertiary and specialty care and is therefore subject to cost pressures from other jurisdictions as well.

As indicated in the chart below, hospitals are the single largest contributor to overall health care costs. In 2009/10 DHSS spent approximately $108 million on acute care hospital services for NWT residents in and out of the territory. Physician services are the second largest contributor to

overall health care costs. In 2009/10 we spent approximately $44.5 million on physician services for NWT residents in and out of the territory. Medical travel costs were $12.5 million to refer patients requiring treatment not available in their home community to the nearest medical centre.

Expenditures by Category 2009/10 Actuals



Another challenge is the need to maintain and improve the health system's capital infrastructure to ensure facilities are planned appropriately and efficiently, and are aligned with current and future health and social service needs. To enhance the overall capacity of the health care system, new and expanded health facilities will need to be constructed. An aggressive and strategic capital plan will need to be supported to ensure the NWT will have the capacity needed to meet present and future needs of our population.

The delivery of health care is a high-risk business. The Canadian Adverse Events Study estimated that 70,000 preventable adverse events occurred annually in hospitals, causing from 9,250 to 23,750 deaths. As part of overall risk management the NWT health and social services system will need to ensure there is appropriate funding and support for new and updated diagnostic and treatment equipment to ensure patients receive safe quality care.

As the NWT health and social services system is complex and requires a high level of public spending, there is an expectation that the system will provide for sound governance practices and

ensure public accountability. The regional authority structure is intended to provide local front-line service delivery to best meet the care needs of our residents. In addition to delivering front line services, the Authorities are also challenged to maintain complex back office functions such as: accounting and reporting, purchasing and procurement, as well as, accounts payable and receivable. In order to ensure we operate efficiently and maximize value for money we will need to develop strategies to meet the need for public accountability through combined back office functions, thereby allowing Authorities to focus on the delivery of patient care.

Human Resources

Canada is facing a critical shortage of health care professionals as the baby boom generation retires and demands for services increase. The Canadian Nurses Association (CNA) projects by 2011, the nation will be in need of 78,000 nurses. If no action is taken, the system will be down 113,000 nurses by 2016. The recruitment and retention of Social Workers continues to be a challenge as well. A combination of funding limitations, high caseloads, and greater service needs contribute to very stressful working conditions and high burnout. Many students are choosing not to enter the field, and our current social workers are beginning to age out, leaving the system with less people to do the work.

The national shortage of health care workers has also shifted the nature of work agreements, resulting in an increased reliance on short-term locum healthcare professionals. In order to ensure consistent quality care through an ever increasing temporary/locum work force, the Department will need to focus on developing consistent processes and standards for patient care and service delivery across the system. We will also need to use technology such as Telehealth, diagnostic imaging and picture archiving (DI/PACS) and electronic health records to improve access to health and social services and specialists. We will need to connect patients and local care providers with a virtual provider team, to enable safe service delivery in home communities.

eHealth

The delivery of healthcare and social services is a high risk business. The integration and information management of our entire system is paramount. The Department will make investments in information technology, information systems and information management in order to support service delivery, management information and decision-making by front-line workers, policy makers and management both in the Department and in the Health and Social Services Authorities.

High staff turnover in provider and other user areas accentuates the need for user-friendly, intuitive systems. Provider turnover every two weeks to two months is not uncommon where locums and temporary nurses fill gaps. This has a tremendous impact on project planning, implementation, continuity of user involvement, and systems training. Emphasis on creating

virtual teams is necessary to expand the reach of specialists and to allow the system to be more efficient. A client in a remote community may have access to an entire team of healthcare providers from specialists to physiotherapists all via Telehealth where before they may have waited several months to access the same services locally. This approach would also reduce medical travel costs.

Socio-economic impacts of natural resource exploration and development, increase services provided to non-residents working in the Northwest Territories. This increases the need for capturing and billing those services for appropriate planning, reporting and analysis as well as cost recovery.

Resident movement and referral patterns require inter-jurisdictional exchange of information. These factors also highlight the need for patient identification and integration of health records to provide a complete picture of a patient's health and services provided. This is supported by the Canada Health Infoway mandate to promote and invest in (inter) jurisdictional Electronic Health Records.

As demand for health and social services increase, it becomes apparent that we will not be able to deliver these services without a strong, robust and integrated territorial model. Efficiencies gained through the move to a territorial system, utilizing virtual teams to bring real-time services to remote communities, is the future we must work towards.

3. STRATEGIC PRIORITIES

Through our review of the emerging issues and environmental factors, the following strategic priorities have been identified to better meet the needs of individuals, families and communities. These Strategic Priorities support the Minister's action plan: *A Foundation for Change* and are in addition to the important ongoing core activities and the GNWT's Strategic Initiatives.

Foundation for Change Goal 1:	**Wellness**
Strategic Priority:	**Improve Health and Wellness**
Objective 1.1:	**People are provided with ways and means of taking greater control over factors that impact their health and well-being.**

One of the 16th Legislative Assembly's Goals is: Healthy educated people with a focus on prevention by promoting healthy choices and lifestyles and the role of personal and family responsibility. To move towards this goal DHSS has a role in assisting individuals in maintaining healthy lifestyles while also assisting those who are at risk of deteriorating health from chronic diseases, MRSA infections and STIs. We will continue to support initiatives that encourage individuals through their life span to make positive lifestyle choices to prevent or delay the onset of chronic diseases, cancer and other lifestyle related diseases.

The Departments of Health and Social Services, Municipal and Community Affairs and Education Culture and Employment continue working together to implement the actions from the GNWT Healthy Choices Framework.

Foundation for Change Goal 2:	**Accessibility**
Strategic Priority:	**Care in the Community**
Objective 2.1:	**People will have majority of health and social service needs met by quality community-based support/care and when necessary appropriate access to acute care.**

Our residents need access to the right health care and social services in the right setting by the most appropriate provider. We want to ensure that care provided is accessible and timely. People will have access to primary community care teams supported through technology by specialists, lay providers and family caregivers and when required, timely and appropriate access to acute care for advanced health conditions.

Strategic Priority: **Build a Strong Foundation for Public Health**
Objective 2.2: **Support people in their efforts to maintain and improve their health**

Our top priority is to improve the well-being of individuals, families and communities. Our services will be better integrated to ensure clients move seamlessly across the system with a focus on health promotion, self care and community participation. To develop personal skills of individuals, self care information generated through community-based wellness workers will be disseminated using a wide range of print and audio-visual tools and information technology. Primary prevention activities and immunization programs will ensure people remain free of disease and screening programs will allow for early intervention to mitigate the impact of disease.

Foundation for Change Goal 3: **Sustainability**
Strategic Priority: **Improved innovation, productivity and efficiency**
Objective 3.1: **Optimize supply and mix of health human resources, information management, technology and infrastructure**

A high performing health system is one that uses its resources in the best way possible to achieve quality clinical health outcomes for patients and the broader population. To be sustainable the system must ensure it has the right mix of, health professionals to provide the services that will meet the needs of our residents now and into the future. We must also ensure those resources are appropriately supported by information management systems, technologies and the physical infrastructure to deliver high quality services as efficiently as possible.

Objective 3.2: **Drive efficiency and innovation to ensure sustainability of the health and social services system**

Our health care system is complex and diverse and requires a high level of public spending. There is a growing demand for sound governance practices and an increased need for accountability to the public. The challenge is to clarify roles, responsibilities, and accountability structures for all players, including health Authorities, boards, health service providers, as well as individuals and communities. In addition, there is an opportunity to improve the effectiveness of our health care system, quality of care and public confidence.

DHSS is committed to managing the health and social services system efficiently to ensure resources are spent where they will have the best outcome. The public health and social services system must drive improvement innovation, productivity and efficiency to ensure the system is affordable now and into the future.

4. 2011-12 PLANNING INFORMATION

The detailed description of planned activities for the department includes the following sections:

a) **Fiscal Position and Budget** provides information on the department's operation expenses and revenues.

b) **Key Activities** describes the department's major programs and services, including strategic activities, as well as results to date and measures.

c) **Infrastructure Investments** gives an overview of the department's infrastructure investments to date and activities planned for 2011-12.

d) **Legislative Initiatives** provides a summary of the department's legislative initiatives during the 16th Legislative Assembly as well as initiatives planned for 2011-12.

e) **Human Resources** includes overall statistics and position reconciliation, information on capacity building activities as well as departmental training and development.

f) **Information Systems and Management** describes department-specific information and management systems as well as major initiatives planned for 2011-12.

a) Fiscal Position and Budget

DEPARTMENTAL SUMMARY

	Proposed Main Estimates 2011-12	Main Estimates 2010-11	Revised Estimates 2009-10	Actuals 2008-09
			($000)	
OPERATIONS EXPENSE				
Activity 1 - Directorate	6,409	5,957	6,784	5,912
Activity 2 - Program Delivery Support	33,887	31,936	33,530	28,781
Activity 3 - Health Services Programs	187,550	179,791	187,892	184,228
Activity 4 - Supplementary Health Program	23,074	23,074	23,645	25,152
Activity 5 - Community Health Programs	88,276	85,067	78,755	75,016
TOTAL OPERATIONS EXPENSE	339,196	325,825	330,606	319,089
REVENUES	41,717	41,173	49,883	48,694

OPERATION EXPENSE SUMMARY

	Main Estimates 2010-11	Proposed Adjustments: Forced Growth	Proposed Adjustments: Strategic Initiatives	Proposed Adjustments: Sunsets and Other Adjustments	Proposed Adjustments: Internal Reallocations	Proposed Budget 2011-12
			($000)			
Key Activity 1						
Directorate	1,304	36	169		126	1,635
Policy	2,225	79			12	2,316
Finance	2,428	96			(66)	2,458
Amortization						0
Total Activity	**5,957**	**211**	**169**	**0**	**72**	**6,409**
Key Activity 2						
Information Systems	8,189	108	2		(669)	7,630
HSS Recruitment and Retention Program	4,157				(160)	3,997
Health Services Administration	1,681	49	375		248	2,353
Primary Care	2,391	60	133		(309)	2,275
Population Health	2,732	73	10		869	3,684
HSS Authority Administration	12,786	1,195			(33)	13,948
Amortization						0
Total Activity	**31,936**	**1,485**	**520**	**0**	**(54)**	**33,887**
Key Activity 3						
NWT Hospitals	79,355	5,460		(4)		84,811
NWT Health Centres	26,304	1,117				27,421
Out-of-Territories Hospitals	19,323					19,323
Physicians inside the NWT	39,502	912				40,414
Physicians outside the NWT	4,859	274				5,133
Medical Equipment	952					952
Amortization	9,496					9,496
Total Activity	**179,791**	**7,763**	**0**	**(4)**	**0**	**187,550**
Subtotal	**217,684**	**9,459**	**689**	**(4)**	**18**	**227,846**

	Main Estimates 2010-11	Proposed Adjustments: Forced Growth	Proposed Adjustments: Strategic Initiatives	Proposed Adjustments: Sunsets and Other Adjustments	Proposed Adjustments: Internal Reallocations	Proposed Budget 2011-12
			($000)			
Balance Forward	**217,684**	**9,459**	**689**	**(4)**	**18**	**227,846**
Key Activity 4						
Supplementary Health Benefits	23,074					23,074
Amortization						0
Total Activity	**23,074**	**0**	**0**	**0**	**0**	**23,074**
Key Activity 5						
Children and Family Services	21,170	170			(155)	21,185
Prevention and Promotion Services	5,614	69	898		(143)	6,438
Adult Continuing Care Services	26,365	660			130	27,155
Community Social Services	29,546	913	517		150	31,126
Amortization	2,372					2,372
Total Activity	**85,067**	**1,812**	**1,415**	**0**	**(18)**	**88,276**
TOTAL DEPARTMENT	**325,825**	**11,271**	**2,104**	**(4)**	**0**	**339,196**

REVENUE SUMMARY

	Proposed Main Estimates 2011-12	Main Estimates 2010-11	Revised Estimates 2009-10	Actuals 2008-09
			($000)	
TRANSFER PAYMENTS				
Wait Times Reduction Trust	329	329	322	-
Patient Wait Times Guarantee Trust	-	-	1,893	1,793
Territorial Health Access Fund-Medical	-	-	3,200	3,200
Territorial Health Access Fund-Long Term Reform	-	-	4,300	4,333
Hospital Care - Indians and Inuit	21,626	21,202	20,786	20,377
Medical Care - Indians and Inuit	6,099	5,979	5,862	5,746
TOTAL	28,054	27,510	36,363	35,449
GENERAL REVENUES				
Professional Licenses Fees	130	130	130	136
Vital Statistics Fees	130	130	130	135
Environmental Health Fees	20	20	20	-
NWTHC Subsidy - Northern Lights Special Care Home	-	-	118	-
TOTAL	280	280	398	271
OTHER RECOVERIES				
Reciprocal Billing - Inpatient Services	2,500	2,500	2,000	3,955
Reciprocal Billing - Medical Services	450	450	400	739
Reciprocal Billing - Specialist Physicians Services for Nunavut	1,150	1,150	1,100	461
Reciprocal Billing - Hospital Services for Nunavut	6,500	6,500	6,200	5,364
Special Allowances	825	825	825	1,202
Third Party	-	-	-	(534)
TOTAL	11,425	11,425	10,525	11,187
GRANT IN KIND				
Rockhill Apartments (Lease to YWCA)	443	443	443	443
Northern Lights Special Care Home purchase	-	-	639	-
TOTAL	443	443	1,082	443
CAPITAL				
Deferred Capital Contributions	1,515	1,515	1,515	1,344
TOTAL	1,515	1,515	1,515	1,344
REVENUES	**41,717**	**41,173**	**49,883**	**48,694**

b) Key Activities

KEY ACTIVITY 1: DIRECTORATE

Description

Under the authority of the Minister, the **Directorate** provides leadership and direction to the Department, and administrative services for Departmental operations.

The **Policy Division** provides leadership and services in policy, legislation and regulation, intergovernmental affairs, as well as for the licensing of a number of health professions. This Division is also responsible for setting a system-wide framework for planning and accountability. Department priorities must respond to system-wide health and social issues and reflect priorities set by the government.

The **Finance and Infrastructure Planning Division** provides planning and management services and financial administrative services for the health and social services System. These services include providing advice to senior management, Health and Social Services Authorities/Agency on financial management, financial monitoring & evaluation, financial research and analysis, contracts, contributions, infrastructure and system planning.

Major Program and Services 2011-12

Foundation for Change Goal:	**SUSTAINABILITY**
Strategic Priority:	**Improve productivity, efficiency and innovation**
Objective 3.2:	**Drive efficiency and innovation to ensure sustainability of the health and social services system**

Strategies

- Provide legislative, regulatory and policy frameworks to ensure policy direction is clear and consistent and allows services to be delivered appropriately and cost-effectively.
- Minimize administrative and financial costs by enhancing central coordination across NWT hospital services which will include centralized purchasing, contract negotiation and recruitment services/support.
- Monitor and report publicly on health systems performance, health status of northerners, and client satisfaction of our health and social services system.

Four Year Business Plan Update

Foundation for Change Goal: SUSTAINABILITY

Improve governance and accountability to ensure the delivery of quality programs and services and consistent financial management

- A review of the health and social services system including the governance, financial management, system resourcing and accountability was initiated. The review will result in proposed models to address identified shortcomings, along with detailed implementation plans.
- In an ongoing effort to improve financial management and accountability, contribution agreements were entered into with all Authorities. As a first step towards the ultimate goal of service delivery agreements, the contribution agreements will improve accountabilities with regard to financial monitoring and reporting.

Develop ongoing system of reporting and evaluation

- Work has begun on the development of a system-wide mechanism for performance monitoring. Initial performance indicators have been developed and discussed with the Joint Senior Management Committee. It is expected that these initial performance indicators will form the baseline for a future system-wide Balanced Scorecard and Dashboard.
- An evaluation of the Department's planning and response to the H1N1 pandemic was completed. The findings revealed that overall the H1N1 pandemic was handled very successfully. The evaluation analyzed the existing NWT Pandemic Contingency Plan, the effectiveness of surveillance systems, communications and messaging around the pandemic, identified lessons learned and provided future recommendations for pandemic planning. The recommendations and findings will be utilized in future planning.
- *The NWT Hospital Satisfaction Report* was published with 86 percent of respondents reporting they were satisfied with the overall care they received in all four NWT Hospitals.
- *The Community Health Services Satisfaction Report* was also published indicating 82 percent of respondents were satisfied with care they received from NWT Community Health Services.

Develop a risk management culture across the Department that allows for the management of risk based on established risk tolerances.

The Department explored options for implementing Accreditation on a system-wide basis. However, work undertaken for the initial primer phase made it evident that the Accreditation process, while relevant for hospitals, did not lend its self well to non-hospital based services. Therefore, the decision was made to develop a risk management framework for the system.

A risk management framework was developed and implemented within the Department. The framework provides a mechanism through which management can assess risks, develop action plans to mitigate the identified risk, and monitor the risks identified on an ongoing basis. A work plan was developed based on an initial risk assessment – the goal is to eventually roll the risk management tool across the entire Department.

For the 2010/11 fiscal year, full risk assessments will be undertaken in the areas of Information Management and Contacting, this will include the development of action plans to mitigate identified risks.

Improve financial performance

To improve governance and accountability, the Department has entered into Contribution Agreements with each of the HSS Authorities/Agency.

To maximize the allocation of limited resources, the Department conducted a zero-based budget review. The review resulted in increased awareness to the financial strain on the HSS system and a focus on system priorities. The review targeted short term restraint and identified areas of consideration for long term solutions to resource scarcity. HSS will continue to monitor the financial situation closely as it move forward with consideration of options for the long term.

Improve the Client Experience

As part of the Foundation for Change initiatives, HSS committed to improving the client experience and planned to establish a Client Navigator for the HSS system. Since development of the 2010/11 Business Plan, the GNWT has announced its plan to pilot Single Window Service Centres in eight rural and remote communities. The purpose of these Service Centres is to improve access to government programs and services.

Each Single Window Service Centre will be staffed by a GNWT employee – called a Government Services Officer – who works for the Department of the Executive. The Government Services Officer will be responsible for helping community residents find information about government services, contact government officials, and complete forms and applications.

It is expected that the Single Window Service Centres will begin operation in fall 2010 and provide assistance both in English, French, as well as in the Aboriginal language of the community. HSS will re-assess its plan to establish a Client Navigator function, based on the results of this Pilot.

GNWT Strategic Initiative: Building Our Future
Action: Increase Safety and Security

Description

The Department of Health and Social Services is responsible for ground ambulance, including any health professional licensing, as is consistent with other jurisdictions in the country. Municipal and Community Affairs (MACA) is responsible for highway rescue as it is delivered primarily by community fire departments. Community governments were experiencing pressures in delivering ground ambulance and/or highways rescue services. In response, the Government allocated funding on an interim basis to enable community governments to continue to deliver these services, pending the development of options related to a legislative and/or funding framework. In the longer-term, the Government was to look at a comprehensive, coordinated system of ground ambulance and highway rescue services in the NWT.

Activity to Date

A Ground Ambulance and Highway Rescue Committee, co-chaired by DHSS and MACA was established with representatives from communities with all-year road access and officials from the departments of Transportation and Finance. The Committee collaborated to assess the feasibility of developing a ground ambulance and highway rescue framework and to discuss the elements essential to the completion of a funding model for communities interested in ground ambulance and highway rescue, as well as a legislative proposal for a territorial ground ambulance statute.

Research regarding highway rescue services indicated that legislating highway rescue would greatly increase the risk and liability for the GNWT and municipal partners, making regulating highway rescue prohibitive. In addition, MACA is experiencing fewer and fewer applications for interim funding available to assist those community governments who are already providing highway rescue services.

Planned Activities for 2011-12 and Future Years

HSS and MACA have determined that a legislative, funding and governance framework for either ground ambulance or highway rescue services is not feasible at this time, given capacity issues raised by community governments and the current GNWT fiscal situation. HSS will not be proceeding with separate ambulance legislation and MACA intends to place increased priority on supporting and stabilizing basic emergency management and fire services for all community governments.

It is proposed to discontinue the creation of a proposed *Ground Ambulance Act* and place the requirements for emergency service providers under umbrella health profession legislation.

GNWT Strategic Initiative: Refocusing Government
Action: Strengthen Service Delivery *(New)*

Description

This is a new strategic activity for 2011-12 and includes GNWT departments beginning with Education, Culture and Employment (ECE), Health and Social Services (HSS), and Human Resources (HR) to implement the GNWT Strategic Plan on French Language Communications and Services as a means to improve Government communications and service delivery to the public in French.

Planned Activities for 2011-12 and Future Years

To better meet the GNWT's obligations for French Language communications and services, HSS will add a full time French Language Service Coordinator.

Planning for 2012-13 includes the development of multi-year and annual plans as well as processes for developing, approving, implementing and monitoring the plans. It should be noted that in 2012-13, ongoing funding will be required for the administrative framework, and the operational framework implementation.

KEY ACTIVITY 2: PROGRAM DELIVERY SUPPORT

Description

Program Delivery Support provides a system-wide focus and assistance in the delivery of health and social service programs.

The **Information Services Division** leads on informatics initiatives in support of the broader systemic goals of Health and Social Services. The Division provides operational support to Departmental and territorial HSS systems, and provides planning, implementation and investment support for new territorial HSS initiatives, territorial HSS data standards development, as well as *Access to Information, Protection of Privacy* requests and records management

The **Health Service Administration Division** is responsible for the administration of the Health Benefits programs (including Insured Health Benefits, Extended Health Benefits, Catastrophic Health Benefits, Métis, Non-Insured Health Benefits and inter-jurisdictional billings for Hospital and Physician Services). The Division is also responsible for providing Leadership and direction to the Health Authorities in the administration of Insured services, reciprocal billing and Health Benefits eligibility and registration. Vital Statistics, Registrar General is also located in this division providing the registration and issuing of certificates for vital events that occur in the Northwest Territories.

The **Population Health Division** is responsible for health protection, environmental health, disease registries, acute and long term care planning, homecare, seniors and persons with disabilities, rehabilitation, community health programs, clinical practice standards, maternal and child health, oral health, health system planning and physician services. The office of the Chief Public Health Officer who also holds the statutory appointment of Registrar of Disease Registries, works in close collaboration with this unit.

This activity includes funding to Health and Social Services Authorities/Agency for activities associated with management and administration and funding for recruitment and retention programs specifically related to health and social services professionals.

Major Program and Service Initiatives 2011-12

Foundation for Change Goal:	**ACCESSIBILITY**
Strategic Priority:	**Build a Strong Foundation for Public Health**
Objective 2.2:	**Support people in their efforts to maintain and improve their health**

Strategies

- Develop a Territorial Chronic Care Model which is multi-faceted, focused on prevention and gives attention to community, health system, self-management, delivery systems design and decision support and clinical information systems. Prevention strategies will

be long-term and delivered in collaboration with other levels of government, across government departments, health Authorities, non-governmental organizations, community groups, and individuals.

- Over the next business year HSS will engage the Authorities and other stakeholders in adapting a Territorial Chronic Disease Management (CDM) approach for the NWT that is aligned with and furthers implemenation of the Integrated Service Delivery Model. The desired outcome is a coordinated, best-practice approach to chronic care, that improves quality and continuity of care while reducing cost.
- Use Telehealth to provide patients/clients with CDM training and promote self-care by providing group sessions for clients with similar chronic conditions to increase access to care and more effectively use provider's time.
- Work in collaboration with other departments and through the Territorial Emergency Response Committee to establish an emergency response management structure to address health emergencies including enhancing pandemic planning.

Four Year Business Plan Update

Foundation for Change Goal: ACCESSIBILITY

Governance and Service Delivery

Activities are underway for realigning overall HSS IM/IS/IT governance to reflect evolving roles, responsibilities, and accountabilities, including assessing the most appropriate service delivery model for informatics services across HSS.

Managing Chronic Disease

Health and Social Services recognizes the magnitude of chronic disease within our population and the burden on our health care system. The prevention and management of chronic diseases is integral to the Department's community health programs. Within the Integrated Service Delivery Model, chronic disease prevention and management is delivered through Primary Community Care Teams with the support of Regional Support Teams. Territory-wide direction is provided through program standards developed by the Department.

Initiatives were introduced to reduce the risk of chronic disease such as Healthy Foods North, Drop the Pop NWT, and Don't be a Butthead. Early intervention screening took place including the Breast Cancer Screening Program and Colorectal Screening Program, including the development and implementation of new Colorectal Screening Guidelines, and routine health screening was provided at Well Adult clinics. Prevention initiatives took place to assist individuals to better manage their chronic disease and reduce complications and hospitalizations. Examples of these include Stanton Diabetes Education Program, Breast Health Patient Navigators, Healthy Families Programs as well as the ongoing care provided by physicians, nurses, nurse practitioners, and allied health care providers.

Building on the work that has been done to date, HSS worked in collaboration with healthcare providers, community groups, and NGOs involved in chronic care services to adopt a framework for the management of chronic disease that can be used at all levels of service and is in-line with the ISDM model. A Chronic Disease Strategy Steering Committee has been formed to develop and implement practices and strategies that can be delivered within the ISDM framework to address chronic disease throughout the continuum.

Cancer Screening

A colorectal screening pilot project was conducted in Fort Smith and Fort Simpson in the summer of 2009. The screening pilot included:

- A risk assessment form to be completed by individuals and their local health care practitioner – including questions on lifestyle and family history of cancer
- A Fecal Immunochemical Test Kit
- A follow up with screened individuals
- The NWT Colorectal Cancer Screening Guidelines were released in January 2010.

Enhance Dental Health for Children

The NWT leads the Pan-Territorial Oral Health Initiative which is funded by the Government of Canada. Through this initiative:

- Coordinated oral health promotion is being piloted in Inuvik, Fort McPherson and Behchokó.
- A study is complete on whether a Northern school of Dental therapy would be feasible. The study did not support the idea.

Enhancing Primary Community Care

HSS is adjusting the primary community care model to meet community needs and utilization. Based on community consultations we have evaluated the staffing mix and increased Community Wellness Workers in the community of Wrigley are expanding the role of LPNs and unregulated care providers at the community level to better meet our clients' needs.

GNWT Strategic Initiative: Building our Future
Action: Strengthen Continuum of Care for Seniors
Expanding Hours of Homecare

Description

The Home and Community Care Stream of Continuing Care includes programs and services for clients and their families that enable the client to remain living within his or her home and promotes independence. Changing approaches to hospital care including increased out-patient procedures and earlier discharge are creating significant pressure on the system, resulting in bed shortages. Through this activity, HSS will enhance Home and Community Care across the NWT and to the extent possible, reduce pressure on the system by enhancing medical patient care available through homecare.

Activity to Date

Supported Living – Construction of a Hay River Supported Living Campus is complete and clients have moved into two of three homes with admission coordinated through the Territorial Access committee (TAC).

Single Point of Entry – HSS has implemented a single point of entry for long term care admission through the establishment of the Territorial Admissions Committee which has been in operation since October 1, 2009. The TAC will allow more consistent assessment and more equitable access as well as provide better information for planning purposes.

Territorial Dementia Facility – Is up and running and admissions are ongoing. YACCS has developed a day-program that will support up to 8 residents and has developed program policies and procedures.

Planned Activities for 2011-12 and Future Years

Expanding Hours of Homecare
In 2011-12 the number of trained Home Support Workers will be increased to enable Authorities to increase the hours available to clients allowing for evening/weekend coverage and/or increase staffing levels at peak times. This will be critical as the NWT health and social services system will need to respond to the new 48-hour rapid discharge of patients from Alberta.

GNWT Strategic Initiative: Building our Future
Action: Increase Safety and Security

Description

Public Education for water and wastewater is an interdepartmental activity between the departments of Municipal and Community Affairs (MACA), HSS, Public Works and Services (PWS), and Environment and Natural Resources (ENR). HSS is the lead and administers the funding for all Departments involved in delivering the NWT Drinking Water Strategy and Framework as identified in the 2008 Action Plan.

These four departments share responsibility for providing safe drinking water through:

- Source water protection
- Training and support for water treatment plant operations
- Public education and engagement

Activity to Date

In June 2010 the GNWT Report on Drinking water was released. The report summarized initiatives ongoing and completed in the area of drinking water throughout 2008-2009. This report will be released as regular course of business on an annual basis.

A "Water Window" for the GNWT website will be investigated and worked on in 2010/2011. The decision to use internal or external resources is in discussion. The website will be a location where any member of the public can go to find out all that they want to know about GNWT drinking water initiatives. It is anticipated that maintenance of this site will be done using existing resources.

A video on the importance of water disinfection (Chlorine) will be developed throughout 2010/2011. The video will discuss a variety of things, some of which include the benefits of chlorine, how it works, and its importance for keeping drinking water safe for consumption. It is intended as an information piece for the general public. There is potential for its use in schools, as an aid in the delivery of water treatment plant operator certification courses and for circuit rider visits.

Planned Activities for 2011-12 and Future Years

A comprehensive, living communications strategy will be developed internally by the communications committee to guide the implementation of the Public Education initiatives identified in the Drinking Water Action Plan. In 2011-2012, specific activities identified for public education include:

1. Publish and Print Drinking Water Report
   A water report that summarizes the work that has been completed in the area of drinking water is released regularly. Internal resources are used to prepare and develop the report, however; external

expertise will be sought for the publication, and printing of the annual drinking water report and the funding identified will be used to contract the expertise.

2. Household Water Tank Cleaning Video – Public Service Announcement Airing
   In 2008-2009 a Household Water Tank Cleaning Video and Public Service Announcement (PSA) were produced. The video was released in November 2009. Throughout the summer and fall of 2010 the PSA is being aired. Cleaning household water tanks is an annual requirement for the majority of NWT communities and there will be an ongoing need to remind home owners of the importance of cleaning their household water tank through the PSA and potential need for reproduction of the instructional video,.

3. Public Education Materials Design and Publishing (including Maps)
   There is a continuous need to educate the public on water related items such as source water protection, why water treatment, how we can all play a role, etc. Ways to assist with this is the development and production of pamphlets, posters, newspaper ads, advertisements, maps, videos. The funding identified would be used to engage an external contractor to assist in the design and publication of these public education tools.

GNWT Strategic Initiative: Refocusing Government
Action: Strengthen Service Delivery

Description

These capital projects provide solutions that will allow for the sharing of clinical information across the continuum of care and support care delivery environments and locations which are geographically dispersed.

These systems are new; they are not replacing outdated existing technology. These are new tools to support patient care, access and safety and a more sustainable healthcare system.

Activity to Date

Interoperable Electronic Health Record (iEHR)

This past year the Northwest Territories, in partnership with Canada Health Infoway and Alberta Health Services, deployed the first 2 releases of its interoperable Electronic Health Record (iEHR) to the majority of NWT clinicians. The iEHR allows the sharing of key NWT patient information that includes hospital reports and laboratory results from across the territories and from southern referral laboratories, in support of quality patient care and safety. Change management and roll-out activities will continue throughout 2010/11 and planning for future releases to enhance information and functionality within the iEHR is already underway.

Electronic Medical Record (EMR)

Health and Social Services is undertaking a Territorial EMR project to support an integrated service delivery model and address territorial care pathways. This includes the Practice Management (PM) components of scheduling and billing. The system is an electronic record outlining a client's personal details such as demographics, diagnosis or conditions, and details about the treatment or assessments undertaken by a health care provider. The EMR is key to improving patient care and safety and will be supplied to providers across the territory.

NWT-Wide Diagnostic Imaging and Picture Archiving and Communications System (PACS)

A Diagnostic Imaging and Picture Archiving and Communications System (DI/PACS) allows patients' diagnostic images to be captured, stored, distributed and reviewed digitally which connects patients to specialist consultation at the point of care supporting safe, high quality care. A single PACS solution was procured by the territory and has been operating in all four hospitals since May 2009. Computed Radiography readers (CR) with direct linkage to the PACS have been installed in 12 Community Health Centres in 2009/10. This allows Community Health Centers to send diagnostic images to specialists in minutes for faster and potentially lifesaving consultation. Prior to this, it took up to 2 weeks to physically mail x-ray film and get paper results back from a radiologist at another site or in the south. Patients benefit from improved

service delivery through these investments. Over the course of 2010, CRs will be installed in the remaining six Community Health Centres that provide DI services, connecting all NWT to timely, quality local and remote radiology services.

Telespeech

The telespeech project allows the Authorities to maintain a full Speech Language Pathology (SLP) staffing complement by virtually recruiting SLP's through contract arrangements with southern providers to fill vacancies. Through televideo-consultation, there is access to specialized services at the community level. Telespeech has successfully been deployed in 22 health centers and 8 schools throughout the territory.

Planned Activities for 2011-12 and Future Years

Electronic Medical Record (EMR)

Health & Social Services (HSS) is undertaking an Enterprise (territory-wide HSS) Electronic Medical Record (EMR) project that includes charting as well as the Practice Management (PM) components of scheduling and billing.

Tele-Speech Language Pathology (TeleSLP)

This project is supported with 100 percent capital investment from Canada Health Infoway. The 2010-11 fiscal year, was scheduled to be the final year of the multi-year project. Due to satellite site connection deficiencies discovered, coupled with GNWT Digital Communication Network issues the Department will need to work with Canada Health Infoway to defer the funding to 2011-12.

The TeleSLP project supports expansion of SLP services at the community level. TeleSLP provides the medium for access to services and thus improved client outcomes. The project is conducted in cooperation with Education Culture and Employment (ECE), to additionally deliver SLP services through support from the schools.

Laboratory Information System (LIS)

LIS software is used in daily operations of the NWT laboratories. It is a critical feeder system to the interoperable Electronic Health Record and receives from and feeds results to the Electronic Medical Record system. The vendor (General Electronic) announced they would no longer be providing support for the product beyond December 2009, making it necessary to find a suitable replacement solution.

The lack of vendor support is high risk to laboratory services as well as the successful implementation and long term sustainability of the iEHR. Replacement of the LIS is a high priority and with approval of Supplementary Appropriation in February 2010, a replacement project began. As a critical operational system, replacement was planned to occur within the

2010-11 fiscal year, with realities of vendor contingencies expected to see project completion in the first quarter of 2011-12.

Measures Reporting

Indicator	Report on Measure			
Number of registered births, deaths, marriages and still births	Registered vital events:	2008 (calendar year)	2009 (calendar year)	2010 (as of July 23, 2010)
	Births	800	787	348
	Deaths	201	176	86
	Marriages	120	122	38
	Still births	10	10	1
Number of Clinical Speech Language Pathology (SLP) sessions	2008/09 1,164	2009/10 1,012		2010/11 (as of July 2010) 239
Number of communities receiving regular Telespeech services	2008/09 Eight (8) communities received regular Telespeech services	2009/10 Twenty three (23) communities received regular Telespeech services.		2008/09 Twenty three (23) communities received regular Telespeech services.

Indicator	Report on Measure			
Number of Health Line Calls		2007-2008	2008-2009	2009-2010
	General	5692	5959	7521
	Poison	146	158	166
	STI	85	93	98
	Total	5923	6210	7785
Number of Health Line Calls by Region				
	Beaufort Delta	396	476	743
	Sahtu	213	267	313
	Dehcho	200	143	189
	Tlicho	200	183	424
	Yellowknife	3425	3571	4322
	Hay River	882	773	824
	Fort Smith	282	361	508
	None Specified	94	185	198
	Total	**5,692**	**5,959**	**7,521** ***1,041 calls were related to H1N1**
Top five reasons for Health Line Calls	**2008 – 2009** Chest Pain (Adult) Diarrhoea (Pediatric) Vomiting (Pediatric) Abdominal Pain Diarrhoea (Adult)		**2009-2010** Cough (Pediatric After Hours) Vomiting (Pediatric After Hours) Chest Pain (Adult After Hours) Colds (Pediatric After Hours) Cough (Acute Productive (Adult After Hours)	

KEY ACTIVITY 3: HEALTH SERVICES PROGRAMS

Description

Health services to eligible northern residents in areas such as inpatient and outpatient services, public health and chronic care are provided through the Department and Authorities/Agency. Pursuant to the *Hospital Insurance and Health and Social Services Administration Act*, Health and Social Services Authorities/Agency are established to operate, manage and control facilities, programs and services.

Hospital Services

- funding to Authorities/Agency to provide primary, secondary and emergency care in NWT hospitals
- funding for insured hospital services to NWT residents outside the NWT

NWT Health Centres

- funding to Authorities/Agency to provide residents with primary care or "first contact" care through a system of health centres located throughout the NWT

Physician Services

- funding to Authorities/Agency to provide insured physician services inside the NWT
- funding for insured physician services to NWT residents outside the NWT
- funding for medical equipment.

Major Program and Service Initiatives 2011-12

Foundation for Change Goal: **SUSTAINABILITY**
Strategic Priority: **Improved innovation, productivity and efficiency**
Objective 3.2: **Drive efficiency and innovation to ensure sustainability of the health and social services system**

Strategies

- Provide a territorial hospital structure. The territorial hospital structure will ensure access to all physician services throughout the NWT as well as manage streamlined pharmacy, laboratory, diagnostic imaging, surgical and cancer services, including contracts with out-of-territory care providers or agencies when and where appropriate. Consistency and rationalization of acute care, pharmacy and diagnostic (laboratory and radiology) services to patients would improve across the north under the direction of clinical practice experts.
- Ensure we are maximizing our physician resources by managing physician services as a territorial resource. This will provide greater equality of access to physician services based on need, as well as more unified leadership and quality assurance processes.
- Enhance sustainability, effectiveness and patient care outcomes of health service delivery by exploring interoperability opportunities with partners in patient care pathways. Examples include: inter-jurisdictional medical care pathways, ePrescribing to enable physicians to electronically send a prescription to a patient's pharmacy thereby minimizing adverse drug reactions, etc.
- Redesign care delivery models to improve quality and safety for patients and staff, optimize the use of human resources, effectively manage patient no-show rates, reduce non-value added work and avoid unnecessary costs due to staff injuries, overtime and absenteeism.
- Improve the availability of quality data and analysis to assist clinical and management decision-making and optimize health expenditures.
- Use Telehealth to improve community access to health services and specialists.
- Bring better, faster, safer healthcare to residents by giving authorized health professionals electronic access to secure, complete patient health records when and where they are required for delivering care.

Four Year Business Plan Update

Reforming Medical Facilities

Work continues on maximizing efficiencies for in-care and acute care services in NWT hospitals. Acute care beds the NWT are being managed as a territorial resource and patients are being deployed where beds are available and care needs can best be met.

Service delivery, between Authorities and across Hospital Services, was reviewed and options are being developed to maximize efficiencies and improve planning, oversight and accountability. This includes administrative and financial benefits such as creating a single-window for purchasing, contract negotiation and recruitment services/support.

Single Medical Structure for the NWT

The Medical Directors forum has reviewed options for shared on-call and ER responses, coordinated at a territorial level. Options identified will reduce costs and maximize efficiencies of physician resources.

Consolidating Primary Care Clinics

The new consolidated clinic opened in June 2010 in Yellowknife. Together with the Frame Lake Community Health Clinic, it will provide greater access to a range of health and social services including extended hours, a wider range of primary care providers onsite, and the co-location of health services, social services, mental health and addiction services, on-site laboratory and diagnostic imaging.

The consolidated clinic will also include family counseling services, selected home care and public health services, and diagnostic imaging. This clinic is based on a primary community care approach – using an integrated service delivery model.

Rehab Teams

The Rehabilitation Advisory Committee continues work to strengthen the delivery of rehabilitation services through a common regional model of service delivery that provides NWT residents with equitable access to rehabilitation services. Community capacity will be enhanced through the implementation of training modules for community support workers, e.g. home support workers. Building on the success of the TeleSpeech project, Telehealth will now be used in every NWT community to deliver and monitor rehabilitation services. The Committee is working to develop and implement standards of care to guide service delivery and a performance measurement system to monitor patient, provider and system outcomes.

Measures Reporting

Measure[5]	Report on Measure	
Number of Hospitalizations *Hospitalizations in the NWT are number of discharges, outside NWT are number of claims	**2007/08** Total 5,498 In-NWT 4,353 Outside NWT 1,145	**2008/09** Total 5,295 In-NWT 4,133 Outside NWT 1,162
Number of Physician Encounters *Physician encounter in the NWT is a patient seeing a particular physician per day per location of encounter (clinic, emergency, hospital ward, etc.) *Physician encounter outside the NWT is a patient seeing a particular physician per day. Location is generally not provided.	**2007/08** Total 174,856 In-NWT 150,045 Outside NWT 24,811	**2008/09** Total 174,706 In-NWT 150,547 Outside NWT 24,159
Community Health Centre Visits (06/07) *excluding Public Health Units	83,635	
Percentage of survey respondents who indicated they were satisfied with the services they received from NWT Hospitals (NWT Hospital Satisfaction Survey- 08/09)	86 percent or higher of respondents were satisfied with the overall care they received at the Inuvik, Hay River, Stanton and Fort Smith hospitals.	
Percentage of people who indicated they were satisfied with the services they received from NWT (Community Health Services Satisfaction Survey- 08/09)	82 percent or higher of respondents were satisfied with the overall care they received from Community Health Services at the Beaufort Delta, Dehcho, Fort Smith, Hay River, Sahtu, Tlicho and Yellowknife Authority.	

[5] NWT Department of Health and Social Services, THIS/Medicare Datamart and Community Health (CH) Data Extract; Canadian Institute for Health Information (CIHI), discharge Abstract Database (DAD).

KEY ACTIVITY 4: SUPPLEMENTARY HEALTH PROGRAMS

Description

The Department provides Supplementary Health Benefits, in accordance with policy, to residents who meet eligibility criteria. Benefits include prescription drugs, appliances, supplies, prostheses, and certain medical travel expenses and additional benefits. Specific benefit programs are:

- Indigent Health Benefits
- Métis Health Benefits
- Extended Health Benefits
- Medical Travel

Major Program and Service Initiatives 2011-12

GNWT Strategic Initiative: Refocusing Government
Action: Stabilizing Health Administration Systems (New)

Description

Supplementary Health Benefits
The Supplementary Health Benefits program needs to change to better meet the needs of NWT residents, including:

- Ensure fairness and equity for everyone who is unable to access uninsured health services coverage through their workplace or private insurance, Non-Insured Health Benefits or Métis Health Benefits. Currently the program is provided to some populations based on age or condition, but not necessarily those in need.

- The current series of programs including the Senior's program, the Specified Conditions program and the Indigent program are not consistent in their benefits. This results in treating people unequally (e.g. a drug may be covered for someone who has depression, but not for a child with ADHD) and better integration of programs is required.

- Program changes need to be rational and carefully structured so that our federal funding sources are confident and comfortable with Health and Social Services budgeting decisions and that financial responsibility for all NIHB programs remains with the federal government

- The program needs to be structured in a way that ensures consistent fair implementation with performance and audit mechanisms built in.

Activity to Date

A working group has been created and is in the process of finalizing the program model to be implemented in August 2011.

Planned Activities for 2011-12 and Future Years

Supplementary Health Benefits
The administration of a supplementary benefits plan requires the identification of eligible individuals, approval of eligible expenses, which in turn requires links with pharmacies, non-insured and private sector service providers.

There are a number of systems developments/changes that need to be made with the new program and potentially moving to a new service provider.

This strategic activity will prepare the department technically, so that the important business of improving supplemental health benefits to Northerners can be carried out.

Four Year Business Plan Update

Medical Travel

Health and Social Services, in coordination with the Department of Executive's Program Review Office, are undertaking a review of the clinical referrals of the GNWT's Medical Travel Program. The review will examine all medical travel referrals that occur between July 19th and August 8th 2010. The review is not a clinical audit, nor is it to examine the appropriateness of the medical travel referral; rather, it is intended to explore the factors that influence the decision to refer a patient through the medical travel program. This is the first phase of a more comprehensive review of the program.

Measures Reporting

Measure	Report on Measure
Number of medical travel dispatches (total number of medevacs).	Year / Inuvik Base / Yellowknife Base / Total 05/06 — 194 — 738 — 932 06/07 — 330 — 762 — 1,092 07/08 — 336 — 736 — 1,072 08/09 — 252 — 797 — 1,049 09/10 — 263 — 740 — 1,033
Number of patient travel cases from all regions including cost *costs include escorts	Year / # of Patients / Cost / % of Increase 06/07 — 10,993 — $14M 07/08 — 11,470 — $16M — 12.5 08/09 — 11,158 — $18.5M — 16.7 09/10 — 11,687 — $18.1M Year / # of Escorts 06/07 — 3,221 07/08 — 3,571 — $2,745,119 08/09 — 3,644 — $3,190.956 09/10 — 4,085 — $3,334,612
Number of individuals accessing Supplementary Health Benefits Programs	**Extended Health Benefits (EHB) Specified Medical Conditions (SMC)** There are currently 2304 EHB Specified Medical Condition clients registered on the program. Of this total, 1023 have access to other group insurance (ADA) and 1281 have full coverage under the program. **Extended Health Benefits Seniors Program** There are currently 1876 EHB Senior clients registered on the program. Of this total, 777 have access to other group insurance (ADA) and 1099 have full coverage under the program. **Métis Health Benefits Program (MHB)** There are currently 2010 clients registered under the MHB program.

KEY ACTIVITY 5: COMMUNITY HEALTH PROGRAMS

Description

Community Health Programs are delivered outside health facilities and include institutional care, assisted living, counselling, and intervention and health promotion.
This activity, under the coordination of the Child and Family Services Division, includes direct program delivery funding for community based health and social services programs and services, as well as program planning and development, including:

- community social service workers in the areas of prevention, assessment, early intervention, and counselling and treatment services related to children, youth and families.
- prevention, assessment, intervention, counselling and treatment programs and services to children and families, in compliance with the *Child and Family Services Act and Adoption Act;*
- injury prevention strategies, health promotion, prevention, assessment, treatment and rehabilitation services for addictions, mental health, disabilities, chronic illnesses, and seniors;
- long term care facilities, including group homes and residential care, inside and outside the NWT;
- programs to enable individuals with special living requirements to stay in their homes as long as possible and services designed to assist living in the home;
- in accordance with legislation and policy, the Office of the Public Guardian responds to persons requiring assisted decision-making;
- programs aimed at assisting with emotional and social problems such as suicide, homelessness, and dealing with residential school issues: and
- programs related to emergency shelters and counselling.

Major Program and Service Initiatives 2011-12

Foundation for Change Goal:	**ACCESSIBILITY**
Strategic Priority:	**Care in the Community**
Objective 2.1:	**People will have majority of health and social service needs met by quality community-based support/care and when necessary appropriate access to acute care.**

Strategies

- Develop and implement a home care model to respond to early discharge from southern hospitals and NWT acute care facilities. The model will be supported by eHealth and better integrated within primary community care in communities and regions through continuum case management.

- Use technology such as Telehealth, DI/PACS and electronic health records to improve access to health and social services and specialists. Connect patients and local care providers with a virtual provider team, to enable service delivery in home communities.
- In cooperation with families and the communities, build capacity to allow individuals to stay in their own homes longer by increasing access to appropriate home and community clinical services and support.
- Expand respite/palliative care beds available to NWT residents.
- Work with communities to establish Child and Family Service Committees in at least 5 more communities in this business year.
- HSS will initiate a patient focused care pathway. The purpose of the care pathway is to enhance the quality of care by improving patient outcomes, promoting patient safety, increasing patient satisfaction, and optimizing the use of resources. In this business year HSS will initiate care pathways and evidence based standards to be adopted by all Authorities for the care of patients with diabetes, hypertension and renal insufficiency.
- Improve access to mental health support teams for individuals with mental health issues through intensive case management.
- Work with other departments, the NWT Housing Corporation, and NGOs to address homelessness in small communities; support programs for homeless individuals including those with mental health and addiction challenges; and support youth overnight programs at Youth Centres.
- Partner with Aboriginal organizations to improve health and reduce the gap in health status between Aboriginals and the rest of the NWT population.

Foundation for Change Goal:	**WELLNESS**
Strategic Priority:	**Improve Health and Wellness**
Objective 1.1:	**People are provided with ways and means of taking greater control over factors that impact their health and well-being**

Strategies

Work together with other GNWT Departments, non-governmental organizations (NGOs)and Aboriginal leadership to:

- Promote healthy eating, physical activity, tobacco cessation and addictions awareness to prevent chronic disease.
- Provide safety seminars and promotional materials to prevent fall and injury among elders and seniors and promote independence.
- Work with other Municipal and Community Affairs and NGOs (NWT Seniors and NWT Parks and Recreation) to engage the broader community in creating supportive environments so as people age they can continue to be engaged in community events, maintain an active lifestyle and maintain their independence as long as possible.
- Continue to invest in early childhood intervention initiatives by delivering services at the community level for children between the ages of birth to 16 years with a focus on child

development through information, education and connections to the community. This will ensure capacity is developed at the community level.

Four Year Business Plan Update

Foundation for Change Goal: WELLNESS

Enhancing Community Wellness Teams

The Health Planner-Caregiver Support position was hired in September 2009 to implement an integrated case management model for children and youth with complex needs and provide a responsive and seamless approach to coordinating services and supports to meet their needs.

A territorial inter-agency working group was established to facilitate the planning, development, implementation, and evaluation of an integrated case management pilot program.

Focus groups were held with Inter-agency service provider and parents from February 2010 - May 2010 and a program guidebook was developed for service providers.

An Integrated Service Coordination pilot program was launched in March 2010, and is currently running with eight families (ten children) in three Authorities (Beaufort-Delta, Dehcho, and Stanton). Service providers across levels and agencies are using a team approach and following an integrated Family Service Plan for each child.

Respite Services

Respite care is provided to family caregivers to ensure they receive the support required to continue providing care in their own homes. This program also ensures that caregivers of children with special needs receive the supportive services they require to allow the child to live in their home.

Respite services have expanded to families of children and youth with disabilities in local communities outside of Yellowknife. Currently eight families in Aklavik, Deline, and Fort Smith are receiving services.

Reduce the Impact of Homelessness

The Yellowknife Day Shelter which is a partnership with BHP, the City of Yellowknife and the Government of the Northwest Territories (GNWT) has been up and running for nine months and we are seeing positive preliminary results, i.e. business owners are pleased with the reduction of issues in the downtown area, the Royal Canadian Mounted Police (RCMP) have reported there is a reduction in calls and Stanton Hospital reports a reduction in emergency room visits by homelessness individuals.

We are in the third year of administering the small community homeless fund (SCHF) which is intended to build capacity in small communities. The results are positive and we have seen improved capacity in several small communities across the north, i.e. the Hay River reserve renovated an existing building for hard to house individuals and as a result created stable housing for individuals in their community.

The homelessness assistance fund (HAF) has experienced a significant increase in demand in the 2009/10 fiscal year, as result the fund has supported and prevented 107 individuals from becoming homeless. Funding to support youth was increased to the Side Door Living Room program to ensure youth have a safe environment year round and every night of the week.

HSS is actively involved with the Yellowknife Homeless Coalition and working in partnership to prevent and support initiatives and projects in the Yellowknife community.

Raise the Profile of Mental Health and Addictions Services

Health and Social Services has completed a program review in the area of Mental Health and Addictions and are developing a new Mental Health and Addictions Action Plan. Consultations for the revision of the territorial tobacco strategy took place in Inuvik, and Fort Simpson. A federally funded project focused on strengthening cessation supports has begun with a cessation training session for health professionals from across the NWT.

HSS, in partnership with the Yellowknife Health and Social Services Authority is funding projects in Lutsel'ke and Fort Resolution that deliver self-esteem, drug and alcohol prevention and other resiliency supports to youth

HSS funded a youth resiliency project through the Tlicho Community Services Agency for Grade 9 and 10 students at the Chief Jimmy Bruneau High School in Behchokó. This project involved young Tlicho adults as mentors to assist the students in using digital storytelling techniques such as photographs and video to explore personal and collective challenges, life goals, and how school matters in their lives. The youth also had the opportunity to develop new skills in using technology, story-telling, and oral presentation as well as to take part in wellness sessions. The project outcomes include a photo exhibit and presentation by the youth and a report for educators, families, and communities on findings around resilience in Tlicho youth and how best to support at-risk Tlicho youth.

GNWT Strategic Initiative: Building our Future
Action: Expanding Programming for Children and Youth
Expanding Respite

Description

The Respite Program aims to ensure caregivers are trained and supported to best meet the developmental needs of children with disabilities; network caregivers with territorial resources to provide training and support to caregivers specific to the needs of children with disabilities; and ensure that training is inclusive of other key supports and service providers in the child's life.

Activity to Date

The Respite Program developed training materials and provided training to caregivers to ensure children with disabilities have the best possible care. The program also connects caregivers with territorial therapists (Occupational Therapy, Speech Language Pathology and Physical Therapy) to provide training to caregivers specific to the needs of children with disabilities.

Twelve families in the pilot communities, Fort Smith, Deline, and Aklavik have been referred to the respite program with seven families currently receiving respite services. Seven respite workers have been trained and forty individuals within the pilot communities have received First Aid/CPR training. Positive outcomes reported for families have included: decreased isolation, increased confidence and independence for the parents and children, increased community inclusion and participation, improvements in child's health, socialization, and school functioning. Caregiver Support Services: The Integrated Service Coordination (ISC) pilot program based on an integrated case management model and the ISDM service apprcach has been developed for children/youth with special needs aged 0-19. The intake and implementation phase has been initiated in three pilot regions/Authorities, Beaufort-Delta, Dehcho, and Stanton, and will be run with 8-10 families.

Planned Activities for 2011-12 and Future Years

In 2011/12 respite services will be expanded to additional families in communities outside of Yellowknife utilizing the NWT Council for Persons with Disabilities program. Expansion of services will include 3 additional communities: Fort Smith, Aklavik and Deline.

GNWT Strategic Initiative: Building our Future
Action: Encourage Healthy Choices and Address Addictions

Description

Health and Social Services, MACA and ECE jointly developed the GNWT Healthy Choices Framework to support the Legislative Assembly goal of 'encouraging healthy choices and addressing addictions'. The Departments of Justice and Transportation subsequently joined the Healthy Choices Steering Committee. The Framework has identified the following key health and wellness areas of emphasis: reducing high-risk sexual behaviours, tobacco harm reduction and cessation, prevention of addictions and injuries, and promotion of physical activity, healthy eating and mental health.

Activity to Date

In partnership with MACA and the NWT Sport and Recreation Council, HSS introduced an after school physical activity program to 18 schools in 14 communities. In 2010-2011 the program is being expanded to an estimated 40 schools in 30 communities.

The 2010-2011 expansion of the number of projects supported will continue to monitor participation rates and other factors affecting the overall rates of physical activity in children and youth.

In 2009-2010 HSS increased funding for a Territorial Nutritionist position; expansion of the Health Promotion Fund; expansion of the Injury Prevention Strategy, Mental Health and Addictions programs and healthy eating initiatives and interdepartmental work on common branding and coordination of the Healthy Choices Framework.Since 1999 the Health Promotion Fund has supported 250 projects across the NWT to improve health and wellness through community development.

Examples of some successful projects are a 'Kids in the Kitchen' program in Hay River, a 'Fun in the Sun' family program in Tulita, a bicycle safety program in Norman Wells, a Tobacco program in Yellowknife, and a Tap Water project to dissuade the use of bottled water. The funding also supported a Youth Tobacco conference in Inuvik and healthy eating and active living projects in Fort Smith, Dettah and Yellowknife.

Promoting mental wellness through community capacity building in the area of youth resiliency was a major accomplishment over the past four years. Contribution Agreements were signed with the Yellowknife Health and Social Services Authority to allow for community driven youth projects in Lutsel K'e and Fort Resolution.

Promotion continues on the 'Don't Be a Butthead' campaign across the NWT to educate children and give them incentives if they choose to commit themselves as being 'smoke free'. Healthy choices related to Tobacco Control include not smoking or chewing tobacco, having a smoke free home and vehicle and educating and teaching our children about a smoke-free lifestyle. The NWT Quitline is up and running and more efforts are being scheduled to better market this smoking cessation program.

Addictions Related to Aftercare

Agreements were signed with the IRC and GTC to provide funding for community-based addictions initiatives.

- The GTC is supporting the Tl'oondih Healing Society in Fort McPherson to enhance existing community based mental health and addictions counseling and support services; a new position has been created to provide mental health addictions support. The GTC have also directed some funding towards on the land programming through their Wellness Camp.
- The IRC is funding community workshops intended to support parents who are struggling with addictions and leading comprehensive community-based consultations to identify needs for mental health and addictions services in the Beaufort Delta region in partnership with the Beaufort Delta Health and Social Services Authority.
- Following the community consultations, the IRC plans to develop a proposal and apply the results to an addictions aftercare pilot project in the community of Tuktoyaktuk.
- Work began on the addictions social marketing campaign in 2009/10; initial work and some focus group testing was started in year one of this three year project. Funding was also provided to the "Not Us" crystal meth campaign which launched on March 29, 2010; this is a community-based anti-drug campaign that is jointly funded by the Department of Justice, ECE, MACA, Executive, HSS and the RCMP.

Human Papilloma Virus (HPV) Vaccination Program

Implementation of a new vaccine program against Human Papilloma virus will be offered to all grade five girls in the Northwest Territories with a five-year catch-up program offered to older girls up to grade 12. Using projected school enrolment figures, it is expected that about 3,800 girls could be immunized over a five-year period.

GNWT Strategic Initiative: Building our Future
Action: Implement Phase II of the Framework for Action on Family Violence

Description

The focus is to Enhance Community Programming that encompasses shelter outreach services to those women and children who are victims of violence, but who do not choose to reside in the shelter; provision of follow-up and after-care for clients who use the shelter services; programming for children who have witnessed violence; support services in non-shelter regions; and protocol development to enhance integration and coordination of services in regions and communities.

Activity to Date

A risk assessment tool (Ontario Domestic Assault Risk Assessment) was developed and implemented. This is an actuarial tool that measures the likelihood that a perpetrator will reoffend against his female partner. The RCMP, who are members of the Protocol Committee, have committed to implementing the use of this tool in all NWT detachments. During 09-10, efforts were made to make ODARA training available to NWT RCMP members, NWT Crown Prosecutors and other helping front line staff in the NWT (including shelter workers, victim services workers, social workers, counselors etc.). The RCMP 'G' Division and the Department of Justice - Community Justice Division were instrumental in providing this training. Thanks to their efforts, approximately 72 front line staff were trained, 95 percent of front line RCMP members (128 members), and the NWT Crown Prosecutors have been trained to use the ODARA.

To stabilize the system HSS assisted in supporting current positions within family violence shelters; increased capacity of existing staff; and ensured support services were integrated within the territorial health and social service system. A Shelter Training Manual was developed and distributed.

Measures Reporting

Programs	Measures	Report on Measures		
Services to Children and Adults in need of specialized care and treatment	Number of children in southern placements	**2007/08** 56 Children	**2008/09** 49 Children	**2009/10** 53 Children
	Number of adults in southern placements	48 Adults	51 Adults	52 Adults
Social Services Delivery – Mental health and addictions services/Training Development, Mental Health and Addictions Initiatives.	Number of mental health and addiction counselors across the NT	**2007/08** 77 FTE	**2008/09** 77 FTE	**2009/10** 77 FTE
	Number of vacancies as of March 31, 200x	19.5 Vacancies	15 Vacancies	7 Vacancies
	Degree to which Mental Health and Addictions Services meet the needs of clients	Child and Family Services are conducting a review of mental health and addictions services across the NWT. Final review will be completed in November 2010.		
Community Services – funding provides community programs and services which includes: - Emergency shelters and counseling; - Services designed to assist living in the home.		**2007/08**	**2008/09**	**2009/10**
	Number of shelter bed nights for all four (4) operating family violence shelters	6458	6838	8297
	# of shelter admissions	225 Women 181 Children	281 Women 226 Children	314 Women 253 Children
Residential Care (Adults) – long term care facilities, including group homes and residential care within the NWT.		**2007/08**	**2008/09**	**2009/10**
	Total number of beds in long term care facilities	153	153	142
	Occupancy Rate	95%	97.2%	95%

Health Promotion – programs that encourage healthy lifestyles and healthy children including: Tobacco Harm Reduction and Cessation, Healthy Pregnancies; Active Living; Injury Prevention; Sexually Transmitted Infections; Addictions and Early Childhood Development.	Number of children signing contracts to become smoke free under the Butthead campaign	**2007/08** 1822	**2008/09** 2287	**2009/10** 2206
	Number of communities visited for Butthead	16	20	17
	Number of school visits for Butthead	30	35	29
	# of swim vests provided to children and youth in # of communities	Approximately 2000 swim vests were provided to children and youth in 23 NWT communities between 2007/2010		
	# of bike helmets distributed	Approximately 500 bike helmets distributed to communities in each Authority		
	# of Reflective Stickers for snowmobile helmets	Approximately 3000 reflective stickers for snowmobile helmets distributed		
Children's Services – ensures the protection of children and youth from abuse, neglect or harm. Care and guardianship responsibilities are undertaken for all children who are in the care of the Director of Child and Family Services.	Percentage of overall children receiving services that are receiving services in their home or with extended family.	**2007/08** 50	**2008/09** 49.9	**2009/10** 54.5

c) Infrastructure Investments

It is important that appropriate infrastructure be in place to support program and service delivery models specific to the unique needs of our residents and future health service delivery innovations.

In the 2010/11 fiscal year the Department, in collaboration with the Department of Public Works and Services (DPWS), undertook a comprehensive review of existing infrastructure and projected needs, to develop an updated long term infrastructure plan.

The introduction of the GNWT deferred maintenance program in 2007 -2008 and changes to the corporate capital planning process in 2008-09 required a revision to the Department's approach to capital planning and infrastructure investment. The data collected through the deferred maintenance program for the HSS infrastructure indicated a strong need to develop an investment strategy that focused on the upgrading and or replacement of existing infrastructure in the communities, and regional centres. Considering the age of the existing infrastructure an investment analysis is also crucial to ensure that long term program delivery objectives for refocusing health care and social services programs are met through appropriate infrastructure.

To assist with this initiative a comprehensive review was undertaken, by the Department in collaboration with Department of Public Works and Services, to ensure ageing infrastructure is properly identified and supported by planning studies and investment analysis for consideration in future capital planning initiatives. This also ensures that Department's 20 year capital needs align with the priorities of the GNWT corporate capital planning process and address the growing deficit in deferred maintenance throughout the asset base.

Activity to Date

Planning Studies

The Department has completed Planning Studies for the following proposed projects, and brought forward for consideration for inclusion in the *2011-12 GNWT Infrastructure Plan.*

- Hay River Hospital/Health Centre replacement
- Long Term Care Facilities, J. Erasmus Senior Centre (Behchokó)
- Health Stations, Health Centres – Fort Providence Health Centre, Regional Health Centres

The Department has completed the Planning Studies for the following proposed projects, to bring forward for consideration for inclusion in the *2012-13 GNWT Infrastructure Plan.*

- Long Term Care Facility, Norman Wells

- Regional Health Centre – Norman Wells Health Centre.

Health & Social Services Centre - Fort Simpson

The tender for technical building upgrades will be completed in 2010-11. Upgrades are anticipated to be complete by spring 2011.

Health & Social Services Centre - Fort Smith

The Fort Smith Health Centre, constructed in 1978/79, needs major upgrades/renovations to meet current National Building Code requirements, optimize operational efficiency and facilitate the consolidation of social services with medical services. A Master Development Plan has recently been completed. A key component of this plan is the relocation of a number of elderly and long-term care clients with special needs to the Northern Lights Special Care Home in Fort Smith. This vacated space along with other areas will be renovated. The design is complete and a contract is in the process of being negotiated. Construction is anticipated to begin in the late summer of 2010.

Northern Lights Special Care Home – Fort Smith

Renovation of the facility will be complete in September 2010. The Fort Smith Master Development Plan proposed that a fourth "pod" be constructed to accommodate the patients that will be relocated from the Fort Smith Health Centre.

Health Station – Hay River Reserve

This is a replacement of the existing health station. Work is scheduled to be complete in the fall of 2010. It includes three offices for mental health services, a consult room and examination room.

Adult Supportive Living – Hay River

This is the first Territorial facility with supportive living arrangements for adults with moderate to severe physical and mental disabilities. The project is comprised of three four-bedroom homes and a program centre. The homes allow clients to live and socialize while receiving life-skills training. There will also be two respite rooms so program staff can provide a break for families who are caring for other family members with disabilities. The program centre forms an integral part of the project by providing day programs and other services. Health and Social Services took occupancy of the homes in April 2009. The program center was completed in May 2010.

Woodland Manor – Hay River

Small Capital upgrades are scheduled for 2010-11. The future expansion of this facility to meet the long term care and dementia patient load for the Hay River catchment area was considered with the planning study for Long Term Care. Future beds are required for this region by 2026.

Health Centre – Hay River (previously referred to H.H. Williams Hospital) and Hay River Medical Clinic-Master Plan

The planning study for the services was completed and funding brought forward for consideration for inclusion in the *2011-12 GNWT Infrastructure Plan.*

Public Health Unit – GNWT Multi-Use Office Building – Inuvik

Tenant improvements will be completed to the multi-use building to accommodate public health services and environmental health services. Transition and occupancy planning will be completed within the fiscal year. The preliminary schedule is to move into this building in April 2011.

Primary Care Clinic – Yellowknife

A consolidated Primary Care Clinic, located in the downtown core, accommodates doctors, nurse practitioners, midwives, and diagnostic imaging staff. Longer and staggered hours of operation will reduce the patient load on the Stanton Territorial Hospital Emergency Department. The design, tender and construction work was completed in June 2010. The facility was occupied in late June 2010.

Stanton Territorial Hospital - Technical Upgrades

Work completed to date include upgrades to the isolation room ventilation, replacement of major components of the air conditioning system, the nurse call, fire alarm, electronic communication (LAN) systems, the heating and ventilation systems, and the recaulking of the exterior building. Upgrades to two seclusion rooms and the extended care unit are planned for 2010-11.

Territorial Dementia Facility – Yellowknife

A new 28-bed facility for the care of those with dementia is being constructed as part of the Avens complex managed by Yellowknife Association of Concerned Citizens for Seniors (YACCS). The new facility will include 4 respite beds and accommodate a day program to provide social interaction and allow for participation in meaningful activities. The new facility opened in March 2010.

Planned Activities – 2011-12

Planning Studies

The Department will undertake and complete Planning Studies for the following proposed projects, to bring forward for consideration for inclusion in the GNWT Infrastructure Plan.

- Stanton Territorial Hospital
- Fort Simpson Health & Social Services Centre
- Lutsel K'e Health Centre
- Additional planning studies will be proposed as part of the Department's initiative to refocus its ongoing capital planning.

Public Health Unit – GNWT Multi-Use Office Building – Inuvik

The preliminary schedule is to move into this building in April 2011.

Health Centre - Fort Smith

The first phase of renovations is scheduled to begin late summer 2010. Transition and occupancy planning will continue within the fiscal year. There are two phases to this project with a schedule of 2 years to complete all phases.

Health Centre – Hay River

Pending capital funding approval, transition and occupancy planning will begin within the fiscal year, completion of design documents, tender of the project and construction of the building is planned to start in 2011-12. Anticipated completion is in 2015-16. All services will be consolidated into the Health Centre and the Medical Clinic will be surplus for other use.

Long Term Care Facility - Behchokó

Transition and occupancy planning will begin within the fiscal year. Pending capital funding approval, design documents, tender and construction will begin. The preliminary schedule is to move into this building in 2013-14 as it is a phased approach for construction of the building.

Health & Social Services Centre – Fort Providence

Pending capital funding approval, transition and occupancy planning will begin within the fiscal year, design documents and tender will be completed. Construction is not scheduled to begin until 2013-14. The preliminary schedule is to move into this building is 2014-15.

d) Legislative Initiatives

Activity to Date

The *Act to Amend the Pharmacy Act* was passed in October 2008. This initiative provides pharmacists with limited prescriptive authority. Pharmacists can now prescribe certain medications, in limited quantities under specific circumstances for the continued care of the patient.

The new *Public Health Act* came into force in 2009. The new Act was created in order to properly reflect the Charter of Rights and to modernize provisions addressing privacy, information management, and the management of pandemics. Many *Public Health Act* regulations were also updated so that they would be consistent with current public health practices, including the Food Establishment Safety Regulations, Drinking Water Regulations, Disease Surveillance Regulations, and Reportable Disease Control Regulations.

As the regulator of most health professions in the NWT, the Department of Health and Social Services assisted the Department of Justice in the development of the *Professional Corporations Act*, which came into force in 2009. This Act permits members of designated professions, such as medical doctors, to incorporate under the *Business Corporations Act* and receive a permit issued by their governing body. In accordance with this Act, the Department of Health and Social Services developed the "Governing Body Rules for Health Professions," approved by the Minister in December 2009, to guide the issuance of professional corporation permits.

An *Act to Amend the Child and Family Services Act* was passed in February 2010. The amendments were technical in nature and clarified existing provisions in the Act. The amendments helped ensure the existing confidentiality provisions applied to all persons who have access to child protection files, including clerical, custodial, and information technology services staff. As well, amendments clarified terminology throughout the Act and established a new subpoena process that will help eliminate any possible expense and unnecessary work in court proceedings.

The *Medical Profession Act* came into force in April 2010 and provides for an updated registration process for physicians based on best practices. It also modernized the discipline and conduct provisions of the Act to make them consistent with other legislation in the NWT and across the country.

An *Act to Amend the Veterinary Profession Act* came into force in July 2010. The Act was amended to help the Government of the Northwest Territories meet the obligations of labour mobility under the revised Agreement on Internal Trade. Amendments to the Act now require the successful completion of the requirements of the National Examining Board in order to be registered as a veterinarian in the NWT. As well, terminology and fines were updated to better reflect contemporary language respecting the profession and the seriousness of offences under the Act.

An *Act to Amend the Dental Auxiliaries Act* came into force in July 2010. The Act was amended to help the Government of the Northwest Territories meet the obligations of labour mobility under the revised Agreement on Internal Trade. Amendments to the Act now require the successful completion of the requirements of the National Dental Hygiene Certification Board in order to be registered as dental hygienist in the NWT. As well, fines were updated to better reflect the seriousness of offences under the Act.

A *Social Work Profession Act* is expected to be given 3rd reading during the fall 2010 Legislative Assembly Session. If passed, the Act will provide for the registration and licensure of social workers in the NWT. The Act also includes modern discipline and conduct provisions.

Immunization Regulations under the new *Public Health Act* will be completed by the end of 2010. The Immunization Regulations are required in order to develop a notifiable immunization registry and will incorporate procedures that a newly developed registry would require in order to improve immunization surveillance and coverage throughout the NWT.

Planned Activities – 2011-12

Regulatory work is required in order to implement the new *Social Work Profession Act* which if passed, will come into force in January 2012.

A new *Vital Statistics Act* will be drafted for introduction in 2011. The existing legislation evolved from the Vital Statistics Ordinance of 1927. The new legislation will be updated to reflect best practices in registration of vital events, including the maintenance and security of personal information contained in the registry. The legislation will be modernized to ensure that provisions around registration of birth are no longer discriminatory.

The development of a legislative proposal for a new *Mental Health Act* is planned for this time period. A discussion paper is being prepared to seek stakeholder input on the proposed provisions for the new Act. This legislative proposal will be ready for introduction early in the life of the new government

A discussion paper with options for a new *Umbrella Health and Social Services Discipline Act* will be prepared during this time period. Several professions will be able to be regulated under this one Act. Existing legislation that is very outdated could also be modernized under this legislative model.

A new *Health Information Act* is currently in development. This new Act will provide up-to-date health-specific access and protection of privacy provisions that will apply to health providers, including private sectors providers, such as pharmacies. This will include standards for consent and notice, provisions for access for research and system planning, as well as information systems management. Requirements for compliance and reporting will also be included. A *Health Information Act* legislative proposal and drafting instructions have been completed.

e) Human Resources

Overall Human Resource Statistics

All Employees

	2010	%	2009	%	2008	%	2007	%
Total	129	100	127	100	132	100	130	100
Indigenous Employees	44	34.1	43	33.9	45	34.1	41	31.5
Aboriginal	24	18.6	24	18.9	23	17.4	25	19.2
Non-Aboriginal	20	15.5	19	15	22	16.7	16	12.3
Non-Indigenous Employees	85	65.9	84	66.1	87	65.9	89	68.5

Note: Information as of March 31 each year.

Senior Management Employees

	2010	%	2009	%	2008	%	2007	%
Total	10	100	10	100	12	100	15	100
Indigenous Employees	2	20	2	20	3	25	4	26.7
Aboriginal	1	10	1	10	1	8.3	2	13.3
Non-Aboriginal	1	10	1	10	2	16.7	2	13.3
Non-Indigenous Employees	8	80	8	80	9	75	11	73.3
Male	4	40	5	50	5	41.7	6	40
Female	6	60	5	50	7	58.3	9	60

Note: Information as of March 31 each year.

Non-Traditional Occupations

	2010	%	2009	%	2008	%	2007	%
Total	8	100	5	100	5	100	3	100
Female	4	50	2	40	1	20	0	0
Male	4	50	3	60	4	80	3	100

Note: Information as of March 31 each year.

Employees with Disabilities

	2010	%	2009	%	2008	%	2007	%
Total	129	100	127	100	132	100	130	100

Note: Information as of March 3 each year.

Position Reconciliation

This information differs from the employee information on the preceding page; Human Resource information reflects actual employees as of March 31 each year. The information presented below reflects position expenditures approved through the budget process for each fiscal year.

Active Positions - Department

Summary:

	2010-11 Main Estimates	Change	2011-12 Business Plan
Total	139	1	140
Indeterminate full-time	131	9	140
Indeterminate part-time	8	(8)	-
Seasonal	-	-	-

Adjustments Approved Through Strategic Initiatives:

Position	Community	Region	Added/ Deleted	Explanation
Planning Facilitator	Yellowknife	HQ	Added	Official Languages Implementation

Other Adjustments:

Position	Community	Region	Added/ Deleted	Explanation
PACS Administrator (PT)	Yellowknife	HQ	Deleted	Info Management – Re-profiled
Sr. Systems Analyst -App Supt/Cap Hlth (PT)	Yellowknife	HQ	Deleted	Info Management – Re-profiled
PACS Administrator (PT)	Yellowknife	HQ	Deleted	Info Management – Re-profiled
Sr. Data and Security Analyst	Yellowknife	HQ	Deleted	Info Management – Re-profiled
Sr. Systems Analyst : Helpdesk Services (PT)	Yellowknife	HQ	Deleted	Info Management – Re-profiled
Sr. Systems Analyst : Account Manager	Yellowknife	HQ	Deleted	Info Management – Re-profiled
Sr. Systems Analyst : Hlth Recs and Lab Supt (PT)	Yellowknife	HQ	Deleted	Info Management – Re-profiled
Sr. Systems Analyst : Helpdesk Services (PT)	Yellowknife	HQ	Deleted	Info Management – Re-profiled
Sr. Systems Analyst : Acct Management (PT)	Yellowknife	HQ	Deleted	Info Management – Re-profiled
Sr. Systems Analyst : EMPI Interfaces	Yellowknife	HQ	Deleted	Info Management – Re-profiled
Sr. Policy Advisor – Information & Privacy	Yellowknife	HQ	Deleted	Info Management – Re-profiled
Data Management Supervisor : Data Stnds Officer	Yellowknife	HQ	Deleted	Info Management – Re-profiled
E-Health Advisor	Yellowknife	HQ	Added	Info Management – Re-profiled
Project Coordinator	Yellowknife	HQ	Added	Info Management – Re-profiled
Project Coordinator	Yellowknife	HQ	Added	Info Management – Re-profiled
Change Management Specialist	Yellowknife	HQ	Added	Info Management – Re-profiled
Contracts Administrator	Yellowknife	HQ	Added	Info Management – Re-profiled
Data Analyst	Yellowknife	HQ	Added	Info Management – Re-profiled
Data Integrity Coordinator	Yellowknife	HQ	Added	Info Management – Re-profiled
Privacy Analyst	Yellowknife	HQ	Added	Info Management – Re-profiled
Senior Business & Info Analyst	Yellowknife	HQ	Added	Info Management – Re-profiled
Policy Officer	Yellowknife	HQ	Deleted	Internal Reallocations
Director, Primary Care	Yellowknife	HQ	Deleted	Internal Reallocations
Communications Officer	Yellowknife	HQ	Added	Internal Reallocations
Manager, Corporate Planning and Evaluation	Yellowknife	HQ	Added	Internal Reallocations
Admin Assistant	Yellowknife	HQ	Added	Internal Reallocations
Manager, Health Systems Planning	Yellowknife	HQ	Added	Internal Reallocations
Manager, Health Protection	Yellowknife	HQ	Added	Internal Reallocations
Project Officer, Communicable Disease Control	Yellowknife	HQ	Added	Internal Reallocations
FNIB Tobacco Coordinator (PT)	Yellowknife	HQ	Deleted	Third Party funded

Other Positions

Summary:

	2010-11	Change	2011-12
Total	15	2	17
Indeterminate full-time	15	2	17
Indeterminate part-time	-	-	-
Seasonal	-	-	-

Other Adjustments

Third Party Funding

Position	Community	Region	Added/ Deleted	Explanation
FNIB Tobacco Coordinator	Yellowknife	HQ	Added	Third Party
Health Planner, Tele-speech Services	Yellowknife	HQ	Added	Infoway

Interns [1]

Position	Community	Region	Added/ Deleted	Explanation
Intern Family Child Violence Prevention	Yellowknife	HQ	Deleted	Intern
Intern Family Child Violence Prevention	Yellowknife	HQ	Deleted	Double-counted in 2010/11 (Correction)

Internal Re-allocations [1]

The following positions have been established by the Department and funded through internal reallocations of existing appropriations.

Position	Community	Region	Added/ Deleted
Coordination of "A Foundation for Change" implementation			
- Director, System Reform and Innovation	Yellowknife	HQ	Added
- Advisor, System Reform and Innovation	Yellowknife	HQ	Added
- Coordinator, Consultation & Communication	Yellowknife	HQ	Added

[1] Note : Interns and Internal Reallocations are not included in Summary amounts above

Active Positions - Authorities

Summary:

	2010-11 Main Estimates	Change	2011-12 Business Plan
Total	1,257	15	1,272
Indeterminate full-time	1,132	15	1,147
Indeterminate part-time	125	-	125
Seasonal	-	-	-

Adjustments Approved Through Forced Growth:

Position	Community	Region	Added/ Deleted	Explanation
Medical Daycare Unit - Registered Nurse	Yellowknife	North Slave	Added	Forced Growth - STHA
Medical Daycare Unit - Registered Nurse	Yellowknife	North Slave	Added	Forced Growth - STHA
Medical Daycare Unit - Registered Nurse	Yellowknife	North Slave	Added	Forced Growth - STHA
Medical Daycare Unit - Clerk/Aide	Yellowknife	North Slave	Added	Forced Growth - STHA

Adjustments Approved Through Strategic Initiatives:

Position	Community	Region	Added/ Deleted	Explanation
Home Support Worker	Fort Simpson	Dehcho	Added	Enhancing Cont Care Services
Family Home Visitor	Fort Simpson	Dehcho	Added	Healthy Choices Framework
Family Home Visitor	Fort Simpson	Dehcho	Added	Healthy Choices Framework
Home Support Worker	Behchoko	Tlicho	Added	Enhancing Cont Care Services
Home Support Worker	Hay River	Hay River	Added	Enhancing Cont Care Services
Family Home Visitor	Inuvik	Beaufort-Delta	Added	Healthy Choices Framework
Family Home Visitor	Inuvik	Beaufort-Delta	Added	Healthy Choices Framework
Home Support Worker	Norman Wells	Sahtu	Added	Enhancing Cont Care Services
RN, Entoerostomal Therapist (YHSSA)	Yellowknife	North Slave	Added	Enhancing Cont Care Services
Family Home Visitor (YHSSA)	Yellowknife	North Slave	Added	Healthy Choices Framework

Other Adjustments:

Position	Community	Region	Added/ Deleted	Explanation
PACS Administrator (STHA)	Yellowknife	North Slave	Added	Info Management – Reprofiled

Other Human Resource Information

One of the stated priorities of the Legislative Assembly is to "improve human resource management within the GNWT." This priority is addressed by both the Department of Health and Social Services through its three year action plan "*A Foundation for Change*" and by the Department of Human Resources' ten-year NWT Public Service Strategic Plan, *20/20: A Brilliant North* and accompanying three-year Action Plan (tabled in the Legislative Assembly on June 4, 2009). The *20/20* Strategic Plan outlines specific actions to address the goal to both promote Affirmative Action throughout the GNWT and to develop Human Resource Plans for each department.

The three-year *20/20* Action Plan includes the development of a framework for departmental plans to be developed by August 31, 2010 with complete HR Plans by the end of 2010-11. The creation of these plans will ensure a consistent and coordinated approach across government, providing equitable opportunities for all staff.

The tables below indicate the statistics on the Department's human resource activities with respect to summer students, interns and transfer assignments.

Summer Students				
Total Students	Indigenous Employees (Aboriginal + Non Aboriginal	Indigenous Aboriginal	Indigenous Non-Aboriginal	Non-Indigenous
8	2	2	6	1
Interns				
Total Interns	Indigenous Employees (Aboriginal + Non Aboriginal	Indigenous Aboriginal	Indigenous Non-Aboriginal	Non-Indigenous
1	1	0	1	0
Transfer Assignments				
Total Transfer Assignments	Indigenous Employees (Aboriginal + Non Aboriginal	Indigenous Aboriginal	Indigenous Non-Aboriginal	Non-Indigenous
13	5	1	4	8

Activities Associated with Staff Training & Development

"*A Foundation for Change*" Action Plan

In order to fully implement "*A Foundation for Change*", significant HR activities will need to be undertaken. Some of these activities include: providing the right services, through the right providers, in the right places; managing chronic disease, enhancement continuing care; using information technologies to bring timely, quality service to Northerners; innovative, maximized use of human resources and modernizing legislation.

Many initiatives will require enhanced human resource services to address possible outcomes of this work, including developing strategies for addressing issues enshrined in the Collective Agreement, and creation of a comprehensive change framework to ensure staff are informed and treated fairly.

Recruitment

The online Recruitment portal, www.practicenorth.ca continues to inform potential candidates of the career opportunities, practice attributes and lifestyle environment within the NWT. All promotional initiatives are aligned to build awareness of the online portal and drive job seekers, both active and passive, to seek information relevant to their profession. The portal also provides information about available bursaries and employment programs which continue to be available to support those who pursue a career in the health and social services fields.

Through the Aboriginal Health Human Resource Initiative, the Department is working alongside the Dene Nation and the Inuvialuit Regional Corporation to enhance health and social services career promotion to Aboriginal Youth. A Video Career Series of current Aboriginal Professionals has been produced and will be distributed through schools this winter and accessed through www.practicenorth.ca .

Orientation

Orientation of health and social services professionals continues to be a priority. Phase 2 of a Pan Territorial Orientation project will be piloted during the fall of 2010. The Orientation Project has several objectives including the development of a comprehensive inventory of each jurisdictions orientation programs/materials, an environmental scan of existing and best practices including a gap analysis and recommendation of priority options.

Northern Workforce Development

The Department of Health and Social Services continues to work with ECE and Aurora College to enhance health and social services programs delivered in the NWT. Among the many programs offered are a Bachelor of Science in Nursing, a Diploma in Social Work and Introduction to Advanced Practice, Aurora College, in partnership with Dalhousie University, is delivering a Master of Nursing Program, Nurse Practitioner stream.

The Professional Development Initiative will continue to be available to support Health and Social Services Allied Health Care workers in their own development and growth.

The Allied Health Recruitment Unit (established in 2006) continues to build and maintain a qualified pool of nurses to meet the needs of the community health centres. The self sustained pool links into the monthly forecasting for future needs and has resulted in a significant savings associated with the use of agency nurses. As well, many of the nurses in the pool have successfully completed the Introduction to Advanced Practice Program offered by Aurora College.

A dedicated Social Services Recruitment and Retention Plan, has been developed for 2011/12 which sets out recruitment options for the recruitment and retention of social workers.

f) Information Systems and Management

Overview

The Information Services Division provides the following services within the Department of Health and Social Services:

- Leadership in strategy, policy and standards development for informatics and management information;
- Application system management including analysis, development, implementation, project management and support;
- Management of contracts and services with organizations that provide analysis, development, implementation, project management, support, maintenance and enhancement services for the Department's major operational systems (excluding GNWT central systems such as SAM and PeopleSoft);
- Management of the service agreement with the GNWT Technology Services Centre for both infrastructure and network support; and
- Participation in various pan-Canadian and regional strategic informatics and data standard initiatives within health and social services.

In addition, Information Services provides the following services in support of the Health and Social Services Authorities:

- Leadership in system-wide informatics planning, applications and infrastructure;
- Integration, co-ordination and funding for major informatics initiatives among the Authorities;
- Integration of computer-based bio-medical facilities and Telehealth delivery facilities with management information systems; and
- Management of the service agreements for infrastructure support and communication services in the Authorities and remote health centers where local expertise is not available to provide such services.

Planned Activities - 2011-12

Electronic Medical Record (EMR)

Health & Social Services (HSS) is undertaking an Enterprise (Territory-wide HSS) Electronic Medical Record (EMR) project that includes charting as well as the Practice Management (PM) components of scheduling and billing. Implementation of an Enterprise EMR will accelerate the broader goal of moving from paper records to digital and supporting integration of digital data across the HSS system. An Enterprise EMR has been identified as a cornerstone clinical tool to achieving goals in the Minister's strategic action plan, '*A Foundation for Change*', including using technology to support innovation and sustainability and resulting in increased access to

services, better patient care and safety, with impacts across the system including, for example, primary care, chronic disease management, and reporting.

Tele-Speech Language Pathology (TeleSLP)

This project is supported with 100 percent capital investment from Canada Health Infoway, i.e. not funded through GNWT. 2010-11 was scheduled to be the final year of the multi-year project. However, due to satellite site connection deficiencies along with delays in GNWT Digital Communication Network procurement, the Department will need to determine if the project and Canada Health Infoway funding could be deferred to 2011-12.

The TeleSLP project supports expansion of SLP services at the community level. TeleSLP provides the medium for access to services and thus improved client outcomes. The project is conducted in cooperation with Education Culture and Employment (ECE), to additionally deliver SLP services through support from the schools.

Laboratory Information System (LIS)

LIS software is used in daily operations of the NWT laboratories. It is a critical feeder system to the interoperable Electronic Health Record conveying results to and from the Electronic Medical Record system. The vendor (General Electronic) announced they would no longer be providing support for the product beyond December 2009, making it necessary to find a suitable replacement solution.

The lack of vendor support exposes laboratory services to a significant level of risk. Replacement of the LIS is a high priority and with approval of a supplementary appropriation in February 2010, a replacement project began. As a critical operational system, replacement was planned to occur within the 2010-11 fiscal year, with realities of vendor contingencies expected to see project completion in the first quarter of 2011-12.

3. FUTURE STRATEGIC DIRECTION

Our health care system is complex and diverse and requires a high level of public spending. There is a growing demand for sound governance practices and an increased need for accountability to the public. In order to ensure public accountability we will need to clarify roles, responsibilities, and accountability structures for all: including Authorities, boards, health service providers, as well as individuals and communities. In addition, there is an opportunity to improve the effectiveness of our health care system, quality of care and public confidence.

We will address role clarity between the Department and the Authorities and examine governance model options to ensure we maximize efficiencies through a territorial system, while still allowing for local service delivery. We will identify options for shared services of administrative duties, standardized care delivered by primary community care teams, monitoring and reporting on outcomes, shared protocols, clinical care pathways and decision-making tools. We will integrate technology into our service delivery and care models, utilizing virtual care providers as part of the primary care teams.

The changes required to the system are significant and will require commitment and support from all levels of government. Individual expectations regarding how services are accessed and received will need to change as well. The changes we need to make to the system will not be easy. However, change is necessary to ensure we can meet the needs of our residents now and in the future.